

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5433

Registration District No. Registered No.
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Gamble If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Type or Triplet No (5) Number in order of birth 2 (6) Are Fresh Marriages Yes (7) DATE OF BIRTH Feb 2 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME FATHER Edd Gamble (9) NAME BEFORE MARRIAGE MOTHER Lutie Wilson

(10) PRESENT POSTOFFICE OF FATHER Hyd. S.C. (11) PRESENT POSTOFFICE OF MOTHER Hyd. S.C.

(12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 26
 (Name) (Year)

(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION Farmer (19) OCCUPATION

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Edna at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Morris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyd. S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/16 23 (28) E. H. Canbin Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITER PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See mark on FIRST-BORN, No. 1. THE OTHER, No. 2, etc. See question 5.

Bureau of Statistics, Columbia, S. C.