

(1) PLACE OF BIRTH

County of Clarendon
 Township of Manning
 or
 Inc. Town of Manning
 or
 City of

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

File No.—For State Registrar Only

3726

Registration District No. 139Registered No. 4
(For use of Local Registrar)

(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

Samuel Allen Gumbert

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John M. Gumbert

(9) PRESENT POSTOFFICE OF FATHER

Manning

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Clarendon County

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

11 Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Levin R. Ransom

(15) PRESENT POSTOFFICE OF MOTHER

Manning

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Clarendon County

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1 Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Ben Allen at 10:00 M.
 on the date above stated. (Born alive or stillborn) (Hour 10:00 or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 21 Registrar(27) Filed Feb 22 19 21

(28)

at white 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.

STATE OF SOUTH CAROLINA, B. O.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.