

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Sumter</i>		STATE OF SOUTH CAROLINA.		74980	
Township of <i>Shiloh</i>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <i>4-10-7</i>		Registered No. <i>86</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.;		(For use of Local Registrar)	
(2) Full Name of Child. <i>John C. Gamble</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH	<i>August 3, 1914</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>John C. Gamble</i>			(14) NAME BEFORE MARRIAGE <i>James Conway</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Shiloh, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Shiloh, S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>		
(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>29</i> (Years)		
(12) BIRTHPLACE <i>Clarendon Co</i>			(18) BIRTHPLACE <i>Sumter Co</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>House Keeping</i>		
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>4</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>above</i> at <i>3</i> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Alb. J. Rose</i>					
(24) State whether Physician or Midwife <i>Midwife</i> (25) Address of Physician or Midwife <i>Shiloh, S.C.</i>					
Given name added from a supplemental report					
(26) Witness <i>Wm. L. Gamble</i> (Signature) Witness necessary only when question 23 is signed by mark					
(27) Filed <i>8-14-1914</i> (28) <i>S. B. McElwain</i> 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.