Form No. 1

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only: 31381

(1) PLACE OF BIRTH

County of Anderson

Township of Brushy Creek

or

Inc. Town of .....

or

City of .....

Registration District No. 302 Registered No. 88 (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 Andrew Gambrell (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 | (6) Are Parents Married? yes | (7) DATE OF BIRTH Nov 4 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	B F Gambrell	(14) NAME BEFORE MARRIAGE	Vester Hallmans
(9) PRESENT POSTOFFICE OF FATHER	Easly S C	(15) PRESENT POSTOFFICE OF MOTHER	Easly S C
(10) COLOR OR RACE	negro	(16) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Anderson Co	(18) BIRTHPLACE	Pickens Co S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:20 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Betsy Hallmans

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pendleton S C

Given name added from a supplemental report

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..... 19 ....
Registrar

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

(27) Filed Nov 14 1923 (28) J R Watson 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.

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.