# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 233

(1) PLACE OF BIRTH
County of Anderson Co
Township of .....
or Inc. Town of Honea Path
or City of .....
Registration District No. 307 Registered No. 6 (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 Melba Virginia Gambrell (If child is not yet named, make supplemental report as directed)

| (3) BOY OR GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Girl | | 2 | yes | Jan 14 1922 |

## FATHER

(8) FULL NAME: Tullie Gambrell
(9) PRESENT POSTOFFICE OF FATHER: Honea Path. S.C.
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Anderson Co.
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 2

## MOTHER

(14) NAME BEFORE MARRIAGE: Daisy Lark
(15) PRESENT POSTOFFICE OF MOTHER: Honea Path. S.C.
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY: 21 (Years)
(18) BIRTHPLACE: Anderson Co.
(19) OCCUPATION: Farming
(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 Born Jan 14 at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour P. M.)

(23) (Signature) R. B. Gilkerson
(24) State whether Physician or Midwife
(25) Address of Physician Honea Path

Given name added from a supplemental report ..... 19....
Registrar

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

(27) Filed Jan 21 19 22 (28) J. A. Cullens
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.

M.—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.

SIGNS OF COMMON DISEASES, S. C.