

(1) PLACE OF BIRTH

County of Anderson

Township of Hornea Path

or
City of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. 31828

Registration District No. 307 Registered No. 140

Registration No. 140 (For use of local health officer)
City of Hornea Path (No. 307 instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(a) BOY OR GIRL Boy (b) Twin or Triplet? No (c) Number in order of birth 1 (d) Age 1 (e) DATE OF BIRTH Dec 22 1923 (f) Sex Male (g) Name of Mother Mother

(h) FULL NAME R. S. Gambel (i) NAME BEFORE MARRIAGE Carolyn Walls

(j) PRESENT POSTOFFICE OF FATHER Hornea Path S.C. (k) PRESENT POSTOFFICE OF MOTHER Hornea Path S.C.

(l) COLOR OR RACE white (m) AGE AT LAST BIRTHDAY 40 (n) AGE AT LAST BIRTHDAY 32

(o) BIRTHPLACE S.C. (p) BIRTHPLACE S.C.

(q) OCCUPATION Farmer (r) OCCUPATION Domestic

(s) Number of children born to mother, including present birth 4 (t) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at the time of birth (23) (Signature) E. R. Donald (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hornea Path S.C.

(26) Witness (Signature of witness necessary only when question 22 is signed by mark) Janice Williams

(27) File No. 30223 (28) Local Registrar

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

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