

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Indigo
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

543?

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

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same, named of street and number.)

(2) Full Name of Child Wilma Gamble If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Sex of child girl (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 2, 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Edd Gamble (14) NAME BEFORE MARRIAGE Julie Wilson

(9) PRESENT RESIDENCE OF FATHER Indigo (15) PRESENT RESIDENCE OF MOTHER Indigo

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE Indigo (18) BIRTHPLACE Indigo

(13) OCCUPATION Farmer (19) OCCUPATION

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Indigo

Given name added from a supplemental report

(26) Witness (Signatures of Witnesses necessary only when question 22 is signed by mother)

(27) Filed 2/16/23 (28) 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.

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.

DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. GOVERNMENT