

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacout
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5260

Registration District No. 4006 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Fred H. Gentry

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 2 6 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave Gentry
 (9) PRESENT POSTOFFICE OF FATHER Trough S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Mill Operative

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Bentley
 (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1 2
 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Kirkpatrick(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Pacout S.C.

If name added from a supplemental report

(26) Witness

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

(27) Filed 3-1-23(28) M. W. Brown
 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.