

(1) PLACE OF BIRTH

County of Anderson
Township of Cover
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
9868

Registration District No. 304 Registered No. 40
(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 Darrah Beulah Gentry child is not yet named, make supplemental report as directed

(3) BOY GIRL (4) Twin or Triplet? (5) Number in order of birth 1 (6) Age Person Married yes (7) DATE OF BIRTH Apr. 27 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Iras L. Gentry
(9) PRESENT POSTOFFICE OF FATHER Ira Bl.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)
(12) BIRTHPLACE Anderson Co. S.C.
(13) OCCUPATION Harmon

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Brewster
(15) PRESENT POSTOFFICE OF MOTHER Ira Bl.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
(18) BIRTHPLACE Franklin Co. Ga.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Brewster
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ira Bl.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 4 1922 (28) S. M. D. C. Adams 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.

before the fifth month of pregnancy.