

(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. 3.0.4 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 Barbara 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
 Parents
 Married yes

DATE OF
 BIRTH Apr. 22, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

Ira L. Gentry

(9) PRESENT
 POSTOFFICE
 OF FATHER

Ira L.

(10) COLOR
 OR
 RACE

White

(11) AGE AT LAST
 BIRTHDAY 33
 (Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to
 mother, including present birth

7

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Alice Brewster

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Ira L.

(16) COLOR
 OR
 RACE

White

(17) AGE AT LAST
 BIRTHDAY 28
 (Years)

(18) BIRTHPLACE

Franklin Co. Ga.

(19) OCCUPATION

House wife

(21) Number of children of this mother
 now living, including present birth

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ira L.

Given name added from a supplement
 al report

(26) Witness

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

(27) Filed

May 4, 1922

(28)

S. M. J. 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.