

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or Town of .....

City of Anderson

(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.—For State Register Only

38428

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Lewis Gentry

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

(3) BOY OR GIRL?

(4) Twin Yes

(5) Number in order of birth

to be entered only in part of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 8

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME L. G. Gentry(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 41

(Years)

(12) BIRTHPLACE Quincy, Ill.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9(14) NAME BEFORE MARRIAGE Julia S. S. S.(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE Hart Co. Ga.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour & Minute P. M.)(22) (Signature) J. H. S. S.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(25) Witness

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

K. CRAYTON,

(26) Filed

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(27)

ANDERSON

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.

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