

(1) PLACE OF BIRTH

County of Darkeburg
 Township of Holly Hill
 or
 Inc. Town of Holly Hill
 or
 City of Holly Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19705

Registration District No. 3609Registered No. 88
(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

Debra Lillian Gentry

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1922
 (Male of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Pete Gentry
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Hand

MOTHER.
 (14) NAME BEFORE MARRIAGE Lurline Pyle
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 6 (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 alive at 5 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Williams(24) State whether Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Glesner

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

(27) Filed July 8, 1922(28) H.M. Anderson Local Registrar

*When there was no attending physician or midwife, the father, household, etc., should make this return. If a child branches even once, it must not be reported as stillborn. No report is desired of stillbirths before the eighth month of pregnancy.

PRINTING OR TRIPLETS AND QUADRUPLETS BEARING FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Medium of Columbia, Columbia, S. C.