

(1) PLACE OF BIRTH

County of AndersonTownship of Walter

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Reg.

28780

Registration District No. 30K Registered No. 92

(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1922
(Name) (Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Gentry(14) NAME BEFORE MARRIAGE Belle Turner(9) PRESENT POSTOFFICE OF FATHER Iva L.P.(15) PRESENT POSTOFFICE OF MOTHER Iva L.P.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Anderson Co S.C.(18) BIRTHPLACE Elberton Ga.(13) OCCUPATION Farmer(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ...at 1:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Turner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Iva L.P.

Given name added from a supplemental report

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

(27) File Sept 26 22 (28) S. M. McAdams 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.