

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

85542

(1) PLACE OF BIRTH

County of *Flynn Co.*
Township of *Lake City*
or
Inc. Town of

Registration District No. *20 B*

Registered No. *92*
(For use Local Registrar)

City of (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. *Clara Evelyn Gentry* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 9 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Lafayette Gentry*

(9) PRESENT POSTOFFICE OF FATHER *Lake City S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE *Clarendon Co. S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna May Parnell*

(15) PRESENT POSTOFFICE OF MOTHER *Lake City S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE *Lake City S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Clara* at *5:15* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. D. Whitehead M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lake City S.C.

Given name added from a supplemental report

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

(27) Filed *Nov 20 1916* (28) *C. D. Rollins* Local Registrar

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.

M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.