

(1) PLACE OF BIRTH

County of *Highway*
Township of *Lake City*or
Inc. Town of

City of

(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 Registrar Only

85542

Registration District No. *20 B*Registered No. *92*

(For use — Local Registrar)

(2) Full Name of Child. *Clinton Gentry Farmer* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? *no*

To be answered only in case of Twins or Triplets

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Oct 9 1916*

(Name of Month) (Day) (Year)

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 *Charleston S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth { *2* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Miss 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 *Alive* 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*

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

*Physician**Lake City S.C.*

Given name added from a supplemental report

191...

Registrar

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

(27) Filed *Nov 24 1916* (28) *C. D. Rollins* 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.

N.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.