

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-2

File No.—For State Registrar Only

9046Registered No. 101

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Robert Seymour Gentry

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 9 1922  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

## FATHER

(8) FULL NAME W. O. Gentry(9) PRESENT POSTOFFICE OF FATHER 176 Alabama St(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 12

## MOTHER

(14) NAME BEFORE MARRIAGE Leadsy Harm(15) PRESENT POSTOFFICE OF MOTHER 176 Alabama(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Go(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 176 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)J. Daniel Be

(23) (Signature)

(24) Name of Physician or Midwife Physician(25) Address of Physician or Midwife Sparksburg St

Given name added from a supplemental report

(26) Witness

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

(27) Date 4-1-221922 Jan 9 1922  
Local Registrar

When there was no attending physician or midwife, then the father, the mother, or the 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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