

(1) PLACE OF BIRTH

County of Greenville  
Township of Nightland  
or  
Inc. Town of .....

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

File No. - For State Registrar Only  
7760 1/2

Registration District No. 2211 Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child Ralph Donell Gentry

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 9, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Daniel M. Gentry  
(9) PRESENT POSTOFFICE OF FATHER Newport, Tenn R. 5-  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Year)  
(12) BIRTHPLACE Tenn  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth two

MOTHER.  
(14) NAME BEFORE MARRIAGE Nellie R. Woods  
(15) PRESENT POSTOFFICE OF MOTHER Newport, Tenn R. 5-  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Year)  
(18) BIRTHPLACE N.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Tom Aline at 11:4 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Center  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Campbello, 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 July 28, 1922 (28) S. J. Wilson 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.