

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37430

(1) PLACE OF BIRTH

County of Rich

Township of Rich

Inc. Town of Rich

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38B

Registered No. 286

(For use of Local Registrar)

(2) Full Name of Child Frank Bruce Gentry Jr.

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 15</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Frank Bruce Gentry</u>		(14) NAME BEFORE MARRIAGE <u>Leola Lurena Bushy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Gardner</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Gentry
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/6 1923 12-9-5102
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.

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MARLIN RESERVED FOR BENDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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