

WHITE PLAINES WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
No. 10—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 2.

**(1) PLACE OF BIRTH**  
 County of Greenville  
 Township of Green  
 or Inc. Town of Greenville  
 City of Greenville (No. 3 Green)  
 (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  
**34694**

Registered No. 339  
 (For use of Local Registrar)  
 St.; 3 Ward

**(2) Full Name of Child** Ethel Maud Folsom If child is not yet named, make supplemental report as directed

**(3) BOY OR GIRL?** Girl **(4) Twin or Triplet?** No **(5) Number in order of birth** 1  
 (To be answered only in case of Twin or Triplets)

**(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** Sept. 7, 1927  
 (Name of Month) (Day) (Year)

**FATHER:**  
**(8) FULL NAME** Thomas Sandy Folsom  
**(9) PRESENT POSTOFFICE OF FATHER** Greenville, S.C.  
**(10) COLOR OR RACE** W. **(11) AGE AT LAST BIRTHDAY** 30 (Years)  
**(12) BIRTHPLACE** Ida.  
**(13) OCCUPATION** Def. the work

**MOTHER:**  
**(14) NAME BEFORE MARRIAGE** Eva Almetta Baker  
**(15) PRESENT POSTOFFICE OF MOTHER** Same  
**(16) COLOR OR RACE** W. **(17) AGE AT LAST BIRTHDAY** 21 (Years)  
**(18) BIRTHPLACE** S.C.  
**(19) OCCUPATION** Housewife  
**(20) Number of children born to mother, including present birth** 2  
**(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** born **at** 7:50 **M.**  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
**(23) (Signature)** C. J. Gile  
**(24) State whether Physician or Midwife** Physician

**Given name added from a supplemental report** 181  
**(26) Witness** W. J. Gile (Signature of Witness necessary only when question 23 is signed by mother)  
**(27) File** 181 **(28) Local Registrar** W. J. Gile

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.

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.

Registrar Only  
354  
 (For use of Local Registrar)  
 St.; 3 Ward  
 (If child is not yet named, make supplemental report as directed)  
W. J. Gile  
 (Name)  
Ida.  
 (Name)  
30  
 (Hour A. M. or P. M.)  
 or Midwife  
W. J. Gile  
 (Signature)