

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31679

Registration District No. 3610 Registered No. 39  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alberta Etheridge If child is not yet named, make supplementary report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15, 22  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Charles Etheridge  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming

MOTHER  
 (14) NAME BEFORE MARRIAGE Missie Walling  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .... White .... 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary W. Mickle  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 17, 22 (28) B. P. Lusk 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.