

FORM NO. 3

(1) PLACE OF BIRTH

County of MarionTownship of Peavies

or

Inc. Town of

or

City of

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

(2) Full Name of Child Eula Bell Bethra

File No.—For State Registrar Only

49835

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3205 Registered No. 203

(For use of Local Registrar)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be measured only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 31</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Charley Bethra</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Bethra</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins R #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins R #2</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Marion County</u>	(18) BIRTHPLACE <u>Marion County</u>
(13) OCCUPATION <u>Farm laborer</u>	(19) OCCUPATION <u>Farm laborer</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie C. Crick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mullins R #2

Given name added from a supplemental report

(26) Witness J. C. Moody
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 4, 1914 (28) J. C. Moody
Sub 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia