

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of # 4
 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
3928

Registration District No. 21 Registered No. 20
 (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 Annie Ethridge If child is not yet named, make supplemental report as directed

1. SEX OF CHILD Female 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married Yes 5. DATE OF BIRTH Feb 13 1928
 (Name of Month) (Day) (Year)

FATHER.
 6. FULL NAME Charles Ethridge
 7. PRESENT POSTOFFICE OF FATHER Anderson SC
 8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 42 (Year)
 10. BIRTHPLACE Georgetown Conf S
 11. OCCUPATION Black Smith
 12. Number of children born to mother, including present birth 8

MOTHER.
 13. NAME BEFORE MARRIAGE Annie Foreman
 14. PRESENT POSTOFFICE OF MOTHER Anderson SC
 15. COLOR OR RACE White 16. AGE AT LAST BIRTHDAY 38 (Year)
 17. BIRTHPLACE Georgetown Conf S
 18. OCCUPATION Domestic
 19. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) James Singleton M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 28 1928 (28) Robt. S. Saly 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.

NOTE: This form is to be filled out by the physician or midwife attending the birth, or by the father, householder, etc., if no attending physician or midwife is present. It is to be filed in the office of the local registrar, who will forward it to the state registrar. It is not to be used for a child born before the fifth month of pregnancy.