

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Cornell  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37147

Registration District No. 304 Registered No. 117  
 (For use of Local Registrar)

City of ..... (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 Haskell Ethridge (If child is not yet named, make supplemental report as directed)

(3) SOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov 20 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Ethridge  
 (15) PRESENT POSTOFFICE OF MOTHER Star  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Abbeville Co.  
 (19) OCCUPATION House & Farm  
 (20) Number of children born to mother, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Alcira James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ira

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 21 1922 (28) 544 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 sixth month of pregnancy.