

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 1.

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
 Township of Chapin
 Inc. Town of
 City of
 (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

No. — For State Registrar
4148

Registration District No. 2.211 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child Ursula Bear Ethridge

If child is not yet named, make supplemental report as directed

(3) SEX <u>Female</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <u>pro</u>	(7) DATE OF BIRTH <u>Feb 23 1927</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Osceola A. Ethridge</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Oulz</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)	
(12) BIRTHPLACE <u>Greenville</u>		(18) BIRTHPLACE <u>Edgfield Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.) 3:30 AM.

(23) (Signature) M. J. Jones M.D.
 (24) State whether Physician or Midwife Physician (25) Spworth SC

Given name added from a supplemental report
Janie S. Sainey
May 24 1927
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 28 1927 (27) G. H. Stallan
 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.

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