

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 one FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(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. 4148
 Registration District No. 2-211 Registered No. 4
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Ursula Bear Ethridge (If child is not yet named, make supplemental report as directed)

(1) <u>Girl</u>	(4) Type or Triplets To be answered only in case of Twins or Triplets	(3) Number in order of birth	(6) Are Premature	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 23 23</u>
FATHER		MOTHER		
(8) FULL NAME <u>Osborn A. Ethridge</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Oulz</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six SC</u>	(14) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six</u>			
(10) COLOR OR RACE <u>White</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	
(12) BIRTHPLACE <u>Greenville</u>	(12) BIRTHPLACE <u>Edgfield Co</u>			
(13) OCCUPATION <u>Farmer</u>	(13) 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) (Hour A. M. or P. M.) 3:30 AM.
 (23) (Signature) M. J. Jones M.D.
 (24) State whether Physician or Midwife Physician (25) Upworth S.C.

Given name added from a supplemental report
Janie Sairey
May 24 1923
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John L. L. 1923 (27) John Stallanath
 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.
 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.