

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 9 A

File No.—For State Registrar Only  
**27490**

Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Julian Jasper Foster

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?

(5) Number in  
 order of birth  
 To be answered only in event of Twin or Triplet

(6) Are  
 Parents  
 Married? Yes

(7) DATE OF  
 BIRTH Sept 23, 1923  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
 mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was, born alive, at 1:30 a.m.,  
 on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(22) (Signature) Dorothy B. Brown

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemen-  
 tal report

(26) Witness

(Signature of Witness necessary only  
 when question 23 is signed by mother)

(27) Filed

19 23

(28) 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.