

**STATE OF NORTH CAROLINA**  
**Maroon of Vinal Stationing**  
**State Board of Health**

Registration District No. 11.5.

Registered No. 20  
(For use of Local Registrants)

**1. Name of:** .....

City of .....

(No. .... St.) .....

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

(2) Full Name of Child Amelia Foster

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

NOV 20 1964

40 **Topic**  
**or** **Subject**  
**The** **Lesson**

✓ (a) Number in order of birth 7

44 **Yes**

47, BUCK CO  
BIRTH DATE: 16-11-1913

## FATHERS

William Feaster

**NOTES**

(14) NAME BEFORE MARRIAGE Annie Isaac Fawcett

PRESENT  
CUSTOMER  
OF SERVICE *Colin Ter. D.C. R. #2*

(10) **PROJECT**  
**SUBJECT**  
**OF MATTER** *Chester E. B. #2*

(10) COLOR OR HAIR	Black	(11) AGE AT LAST BIRTHDAY	43
			(Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Yrs)

(15) COUNTY  
 Chester, County  
 (16) GEOGRAPHY

(14) COUNTY Shasta County

Farming

Housewife

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

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was white at 10:00 P. M.  
on the date above stated. (New alive or stillborn) (New A. M. or P. M.)

(S) (Name) Mary Thompson

Signature of Plaintiff	Signature of Defendant
<i>[Signature]</i>	<i>[Signature]</i>

Given name: [REDACTED]  
[REDACTED]

.....

RECEIVED BY THE DIRECTOR, FBI, 11/11/64

*[Signature]*

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