

(1) PLACE OF BIRTH

County of

Anderson

Township of

Bushy Creek

Inc. Town of

City of

(No. (St.; Ward)

(2) Full Name of Child. *Ewen Earl 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 *6*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 15 1916*

FATHER.

(8) FULL NAME

Otho O Foster

(9) PRESENT POSTOFFICE OF FATHER

Piedmont SC RFD #2

(10) COLOR OR RACE

White (11) AGE AT LAST BIRTHDAY *45* (Years)

(12) BIRTHPLACE

Anderson CO

(13) OCCUPATION

Farmer and Saw-mill manager

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Greer

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont SC RFD #2

(16) COLOR OR RACE

White (17) AGE AT LAST BIRTHDAY *32* (Years)

(18) BIRTHPLACE

Greenville SC

(19) OCCUPATION

Home Keeper

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

J. O. Rosamond M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Early SC RFD

Given name added from a supplemental report

(26) Witness

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

(27) Filed *7-11-1916*(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.

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