

County Order:
10/8/24

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

File No.—For State Registrar Only
44077

(1) PLACE OF BIRTH

County of Orangeburg

Township of North

or

Inc. Town of.....

or

City of.....

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

Registration District No. 3617

Registered No. 132
(For use of Local Registrar)

(2) Full Name of Child Ezzie 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) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1922</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				

FATHER.

(8) FULL NAME Ben Foster
(9) PRESENT POSTOFFICE OF FATHER Norway
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Orangeburg
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE essie blume
(15) PRESENT POSTOFFICE OF MOTHER Norway
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Orangeburg
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 200p M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. Price
(24) State whether Physician or Midwife (25) Address of Physician or Midwife North

Given name added from a supplemental report

C.O. #7693
Filed 10/25/24
Registrar

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

(27) Filed Dec 14, 1924 (28) M. Price 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.

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 5.