

(1) PLACE OF BIRTH

County of UnionTownship of UnionIn. Town of UnionCity of Union

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

(2) Full Name of Child Armen Walter Foster(3) SEX Male (4) Type Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 11-5-23 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Armen Walter Foster

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Armen Walter Foster

(16) PRESENT POSTOFFICE OF MOTHER Union S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33 (Year)

(19) BIRTHPLACE Union S.C.

(20) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) at 4 P. M. on the date above stated.(23) (Signature) L. A. Riser (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name L. A. Riser M.D. from a supplement-
all report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) L. B. Lee

(27) Filed Dec 7 19 23 (28) L. B. Lee 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 37882 - For State Registrar OnlyRegistration District No. 4201 Registered No. 1
(For use of Local Registrar)(No. 1 St. 1 Ward)

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