

(1) PLACE OF BIRTH

County of GreenvilleTownship of Garrisonor Town of Mountain

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

4031

Registration District No. 2206Registered No.
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Sarah Frances Foster

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

BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Present Marked <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 6, 1927</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hubert Foster

(9) PRESENT POSTOFFICE OF FATHER St. Louis, Mo.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Traveling Salesman

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

MOTHER.

(15) NAME BEFORE MARRIAGE Martha Foster

(16) PRESENT POSTOFFICE OF MOTHER St. Louis, Mo.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28
(Years)

(19) BIRTHPLACE St. Louis, Mo.

(20) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7:00 P. M. on the date above stated. (Hour & M. or P. M.)(23) (Signature) J. P. Deane, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (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.