

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46368

Registration District No. 209 Registered No. 20
 (For use of Local Registrar)
 City of (No. Third St. Park Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emily Foster } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 5 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Foster
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Greenville S.C.
 (13) OCCUPATION mill work
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Kuby Wilbanks
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Greenville S.C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. E. J. Foster
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Jan 26 1916 (28) U. M. Mackay 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.