

CERTIFICATE OF BIRTH

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

No. 22524

City of Spartanburg
County of Woodruff Registration District No. 40 B Registered No. 53
(For use of Local Registrar)
If birth occurs in a hospital or other institution, give name of same instead of street and number.
Full Name of Child Bethie Foster If child is not yet named, make supplemental report as directed

(1) Sex Female (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Age of Mother 27 1/2 (5) DATE OF BIRTH July 21 23
(6) Name of Mother (Day) (Year)

FATHER: (10) NAME BEFORE MARRIAGE Fred Foster (11) PRESENT RESIDENCE OF FATHER Woodruff S.C. (12) COLOR OF FATHER White (13) AGE AT LAST BIRTHDAY 39 (Year)
MOTHER: (10) NAME BEFORE MARRIAGE Marie Valgett (11) PRESENT RESIDENCE OF MOTHER Woodruff S.C. (12) COLOR OF MOTHER White (13) AGE AT LAST BIRTHDAY 33 (Year)
(14) BIRTHPLACE Spartanburg S.C. (15) OCCUPATION Domestic
(16) Number of children born to father, including present birth 9 (17) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11 (Hour A. M. or P. M.) on the date above stated.

(18) (Signature) C. H. Woodruff (19) State whether Physician or Midwife Phys (20) Address of Physician or Midwife Woodruff S.C.

Was this child born from a complication? No
(21) Witness (Signature of Witness necessary only when question 20 is signed by mark) Aug 10 23
(22) Local Registrar Chas L. Boyler

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If said 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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