

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50444 3

County of SpokaneTownship of SpokaneInc. Town of SpokaneCity of SpokaneRegistration District No. 400-BRegistered No. 400-B

(For use of Local Registrar)

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

(2) Full Name of Child Anna Elizabeth Foster { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or Triplet? ✓

In the enclosed only in case of Twins or Triplets

(5) Number in order of birth ✓(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 9th 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Drumpp Foster(9) PRESENT POSTOFFICE OF FATHER Spokane(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Spokane Co. Idaho(13) OCCUPATION Wagon driver(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Estella Brown(15) PRESENT POSTOFFICE OF MOTHER Spokane(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Cook Co. Ill.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Lancaster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spokane

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb 9th 1906 (28) W. B. Lancaster 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.

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