

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of W. Grove
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

28061

Registration District No. 4010Registered No. 42
(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 Annie Bell Foster (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL girl 4. Twin or Triplet? ✓ 5. Number in order of birth ✓ 6. Are Parents Married? no 7. DATE OF BIRTH Apr 1 1922
 (Name) (Month) (Day) (Year)

FATHER
 8. FULL NAME Fred Stephens
 9. PRESENT POSTOFFICE OF FATHER Moore S.C.
 10. COLOR OR RACE B 11. AGE AT LAST BIRTHDAY 32
 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farming
 20. Number of children born to mother, including present birth 1

MOTHER
 14. NAME BEFORE MARRIAGE Emaline Foster
 15. PRESENT POSTOFFICE OF MOTHER Moore S.C.
 16. COLOR OR RACE B 17. AGE AT LAST BIRTHDAY 24
 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION House & Farm work
 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 at 10 P.M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Fannie Honeycutt
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Moore S.C.

Given name added from a supplemental report

(26) Witness J. W. Hatchett
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 15 1922 (28) J. W. Hatchett 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.