

Form No. 1

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**49871**

(1) PLACE OF BIRTH  
 County of Marlboro  
 Township of Beaufortville  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3301 Registered No. 13  
 (For use of Local Registrar)

(2) Full Name of Child Coraue 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? No (7) DATE OF BIRTH July 13th 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Foster (14) NAME BEFORE MARRIAGE Cornelia Williams  
 (9) PRESENT POSTOFFICE OF FATHER Beaufortville SC (15) PRESENT POSTOFFICE OF MOTHER Beaufortville SC  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18  
 (Years) (Years)

(12) BIRTHPLACE Marlboro Co SC (18) BIRTHPLACE Marlboro Co SC  
 (13) OCCUPATION Laborer (19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth One (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 born at Marlboro M. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Cornet Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufortville SC

Given name added from a supplemental report ..... 191.....  
 ..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Webb Tate  
 (27) Filed July 19th 1916 (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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.