

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston (No. 131 Church)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45551

Registration District No. 4X Registered No. 82

(For use of Local Registrar)

(2) Full Name of Child St. Agnes Fosberg

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>J. F. Fosberg</u>	(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER <u>131 Church St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>131 Church St</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>51</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>
(13) OCCUPATION <u>labor</u>	(19) OCCUPATION <u>At home</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Kaitley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

87 East Bay Midwife

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 1/27 1916 (28) J. Marcus Green M.D. 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.