

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Campobello  
 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  
**22592**

Registration District No. 100-10 Registered No. 54  
 (For use of Local Registrar)

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

(2) Full Name of Child Walter Foster If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 7, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER</b>			<b>MOTHER</b>	
(8) FULL NAME <u>Walter Foster</u>			(10) NAME BEFORE MARRIAGE <u>Esther Landrum</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Campobello S.C. Box 4</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Campobello S.C. Box 4</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born a live .....  
 on the date above stated. (Born alive or stillborn) (Now A. M. or P. M.)

(23) (Signature) W. I. Beach  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife  
Campobello S.C. Box 4

Given name added from a supplemental report

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

(27) Filed ..... (28) W. I. Beach Local Registrar

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.