

(1) PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of Chester
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

(2) Full Name of Child Louise 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? ☒ (7) DATE OF BIRTH Apr. 3, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Albert Foster
 (9) PRESENT POSTOFFICE OF FATHER Chester
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Wood and
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Sarah Woodard
 (15) PRESENT POSTOFFICE OF MOTHER Chester
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Cornwell
 (19) OCCUPATION House Wife
 (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 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Cornwell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cornwell

Given name added from a supplemental report

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

(27) Filed 5/5 1922 (28) W. M. Cornwell Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.