

(1) PLACE OF BIRTH

County of Wilkes

Township of

Inc. Town of

City of

(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

No. 1a.—For birth Register

44848Registration District No. 200 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at birth 1 yr (7) DATE OF BIRTH Sept 2, 1923
 (Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Garret Foster (9) NAME BEFORE MARRIAGE Charles Bryant
 (10) PRESENT RESIDENCE OF FATHER Aiken, S.C. (11) PRESENT RESIDENCE OF MOTHER Aiken, S.C.
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 26
 (16) BIRTHPLACE Emmets County, Georgia (17) BIRTHPLACE Aiken County
 (18) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2 (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 at 11:30 A.M. on the date above stated. (Survived or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 5/7/24 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

before the fifth month of pregnancy.