

(1) PLACE OF BIRTH

County of Union
 Township of Union SC
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50668

Registration District No. 4207 Registered No. 10
(For use of Local Registrar)
 (No. R. 20 X 3 Union SC 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 Jessie Foster { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Jim Foster
 (9) PRESENT POSTOFFICE OF FATHER R. 20 X 3 Union SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Years)
 (12) BIRTHPLACE Union SC
 (13) OCCUPATION Butcher
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Wood
 (15) PRESENT POSTOFFICE OF MOTHER R. 20 X 3 Union SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
(Years)
 (18) BIRTHPLACE Union SC Domestic
 (19) OCCUPATION Domestic
 (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 alive at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. P. Jackson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

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

(27) Filed Feb 25 1916 (28) J. S. Sorrell 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.

WHEN PRINTED WITH UNLINED INK—THIS IS A PERMANENT RECORD.
 No. 2.—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.
 City of Columbia