

Form No. 3

## (1) PLACE OF BIRTH

County of ColletonTownship of Cowderyor  
Inc. Town of .....or  
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 HealthRegistration District No. 1407

File No.—For State Registrar Only

41866

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child May Foster Harper If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James O. Foster(9) PRESENT POSTOFFICE OF FATHER Wiggin S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Wiggin Fla(13) OCCUPATION mill Laborer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Dailey(15) PRESENT POSTOFFICE OF MOTHER Wiggin S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Dal ghen Ill.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 5, 1922 (28) B. G. Higgins 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.

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.