

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

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 Health

File No.—For State Registrar Only

79589

Registration District No. 42.24

Registered No. 64

(For use — Local Registrar)

(2) Full Name of Child

Lewin Foster

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 28, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Foster

(9) PRESENT POSTOFFICE OF FATHER

Junctionville

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Junctionville

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Gore

(15) PRESENT POSTOFFICE OF MOTHER

Junctionville

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Alive

at

9

P. M.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Midwife, Junctionville, S.C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Susanna Shuttling

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 5, 1914

(28)

L. N. Alexander

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.