(1) PLACE OF BIRTH

County of Kershaw Co.

Township of Camden

or

Inc. Town of .....

or

City of Barkersville S C (No. ..... St.; ..... Ward)

(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

4864

Registration District No. 3005 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Pickett Foster

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets	one	yes	Jan 28 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME Pickett Foster

(9) PRESENT POSTOFFICE OF FATHER Camden S C

(10) COLOR OR RACE Teal (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Day Labor

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Davis

(15) PRESENT POSTOFFICE OF MOTHER Camden S C

(16) COLOR OR RACE Teal (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Farm Girl

(21) Number of children of this mother now living, including present birth 1

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) Mary Franklin

(24) State whether Physician or Midwife mid wife

(25) Address of Physician or Midwife Camden S C

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed Feb 7 1922. (28) Estelle Outlaw

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.

N. B.—In case of TWINS, TRIPLETS, etc., write plainly in each case the word TWIN, TRIPLET, etc., and mark the order of birth, as "TWIN, 1st born," "TWIN, 2nd born," "TRIPLET, 3rd born," etc.

Form 10—Bureau of Vital Statistics, State Board of Health, Columbia, S. C.