

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16747

(1) PLACE OF BIRTH

County of York

Township of Windsor

or  
Inc. Town of .....

City of .....

Registration District No. 4012

Registered No. 39  
(For use of Local Registrar)

(No. .... 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

Robert Foster

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

(3) BOY OR GIRL Boy  
(4) Twin or Triplet? No  
(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH May 21 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jack Halahan

(9) PRESENT POSTOFFICE OF FATHER 1108 Brown

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE DC

(13) OCCUPATION Farmer

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

MOTHER

(14) NAME BEFORE MARRIAGE Ella Foster

(15) PRESENT POSTOFFICE OF MOTHER Whitstone

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15  
(Years)

(18) BIRTHPLACE DC

(19) OCCUPATION Dom

(20) 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 born alive at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour or P.M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife H. D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1 1922

(28) Mrs. J. C. White  
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.

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