

## (1) PLACE OF BIRTH

County of FlorenceTownship of Trains

Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Ralph Woodrow Foxworth

File No.—For State Registrar Only

42800

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2001Registered No. 140  
(For use of Local Registrar)

3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 2 1915</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Francis A. Foxworth9) PRESENT POSTOFFICE OF FATHER Pamplico S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)12) BIRTHPLACE Florence S.C.13) OCCUPATION Merchant20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Agatha Johnson15) PRESENT POSTOFFICE OF MOTHER Pamplico, S.C.16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)18) BIRTHPLACE Horry Co S.C.19) OCCUPATION House wife21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. Poston

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Pamplico, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 4 1915 (28) E. P. Montgomery 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.

Sub. furnish

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