Form No. 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

74736

(1) PLACE OF BIRTH

County of _Spartanburg_

Township of _Campobello_
or
Inc. Town of .... Registration District No. _4201_ Registered No. _87_
or (For use of Local Reistrar)
.... St.; .... Ward)
City of ....
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(2) Full Name of Child _Thomas Foster_

| (3) BOY OR GIRL? _Boy_ | (4) Twin or Triplet? | (5) Number in order of birth _3_ To be answered only in event of Twins or Triplets | (6) Are Parents Married? _yes_ | (7) DATE OF BIRTH _Aug 1_ 191_6_ (Name of Month) (Day) (Year) |

FATHER.	MOTHER.
(8) FULL NAME _Will R. Foster_	(14) NAME BEFORE MARRIAGE _Della Ramsey_
(9) PRESENT POSTOFFICE OF FATHER _Cherokee #2_	(15) PRESENT POSTOFFICE OF MOTHER _Cherokee_
(10) COLOR OR RACE _White_ (11) AGE AT LAST BIRTHDAY _47_ (Years)	(16) COLOR OR RACE _White_ (17) AGE AT LAST BIRTHDAY _31_ (Years)
(12) BIRTHPLACE _Sptg Co_	(18) BIRTHPLACE _Sptg Co_
(13) OCCUPATION _Farmer_	(19) OCCUPATION _Domestic_
(20) Number of children born to mother, including present birth { _3_	(21) Number of children of this mother now living, including present birth { _3_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at _1_ .... P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) _N. L. O'Dell M. D._

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

Sptg #2

Given name added from a supplemental report

......................., 191....

....
Registrar

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

(27) Filed _Aug 25_ 1916. (28) _A. G. Burlain_ Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.