

(1) PLACE OF BIRTH

County of LancasterTownship of Allen

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

17782

Registration District No. 2202 Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 10, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Foster</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Vaughan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Green S.C. Rte #5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Green S.C. Rte #5</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10³⁰ A.M. on the date above stated.
(Born alive or stillborn Hour M. or P.M.)(23) (Signature) R. F. McElroy M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Green S.C. Rte #5

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1923

(28)

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Registrar

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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FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.
Bureau of Columbia, Columbia, S. C.