

FOR EACH CHILD, AND MARK THE TOWNSHIP OR TRIPLETS ETC. A SEPARATE BLANK FOR EACH CHILD, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA		20091	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. 40-05		Registered No. 183	
or				(For use of Local Registrar)	
City of		(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 <u>Pauline Marie Foster</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 19, 1902</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Foster</u>			(14) NAME BEFORE MARRIAGE <u>Charles Foster</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>W. H. Foster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>W. H. Foster</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE			(18) BIRTHPLACE		
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James Copes</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>1510 ...</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>7-1-22</u> 19		
Registrar			(28) Local Registrar <u>James Copes</u>		

*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.