

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of Sameor  
Inc. Town of.....or  
City of.....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; .... Ward)

## (2) Full Name of Child

Bellie FoyeFile No.—For State Registrar Only  
**34188**Registration District No. 1701 Registered No. 12  
(For use of Local Registrar)

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 27, 1922  
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Edw. Foye (9) MOTHER'S NAME BEFORE MARRIAGE Emerson Ross(10) PRESENT POSTOFFICE OF FATHER Charleston (11) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 38 (14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 23  
(Year) (Year)(16) BIRTHPLACE Charleston S.C. (17) BIRTHPLACE Charleston County(18) OCCUPATION Farming (19) OCCUPATION Housekeeper(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Emerson Ross (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 31, 1922 (28) Edw. Foye 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Medium of Columns, Columns, S. C.