

## 1. PLACE OF BIRTH

Country of Spainburg, SC  
 Township of Pacolet  
 or  
 Inc. Town of Pacolet  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

9/81-A

Registration District No. 4006

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(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 Wesley Foster

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

1. BOY OR GIRL Boy4. Twin or Triplet? —3. Number in order of birth —6. Are Parents Married? yes

2. DATE OF BIRTH

March 9, 1927  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

5. FULL NAME Elis Foster9. PRESENT POSTOFFICE OF FATHER Pacolet, SC.10. COLOR Black 11. AGE AT LAST BIRTHDAY 27  
(Years)12. BIRTHPLACE Union Co., SC.13. OCCUPATION Letter work20. Number of children born to mother, including present birth 3

## MOTHER

14. NAME BEFORE MARRIAGE Rosetta Sanders15. PRESENT POSTOFFICE OF MOTHER Pacolet, SC.16. COLOR Black 17. AGE AT LAST BIRTHDAY 26  
(Years)18. BIRTHPLACE Union Co., SC.19. OCCUPATION House wife21. 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 born alive at 9:00 A.M. on the date above stated. (Hour A.M. or P.M.)23. Signature Eltha McGil Midwife

24. State whether Physician or Midwife

25. Address of Physician or Midwife

PACOLET MILLS, S. C.

Given name added from a supplemental report

26. Witness

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

Registrar

27. Filed 3-191927

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.