

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Union

(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

30407

Registration District No. 42-A

Registered No. 146

(For use of Local Registrar)

St.; ..... Ward)

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

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

E. C. Fore

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

Merchant

(14) Number of children born to mother, including present birth

Three

(14) NAME BEFORE MARRIAGE

Beck Foster

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Union S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Martin B. Woodward, M.D.

Assistant State Registrar

(26) Witness

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

(27) Filed 10-10-23

J. G. Garratt

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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