

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

40142

Registration District No. Registered No. 4224
 (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 Robert James Foyner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH Dec 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Foyner
 (9) PRESENT POSTOFFICE OF FATHER Stallensville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (Year) (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Angeline Kennedy
 (15) PRESENT POSTOFFICE OF MOTHER Stallensville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Year) (18) BIRTHPLACE Fairfield Co.
 (19) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 3 (21) 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 alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Watson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. L. Watson (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 123 1923. (28) W. L. Watson 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.

Form No. 1 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 2