

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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

89994

Registration District No. 22 A Registered No. 505  
(For use of Local Registrar)(No. 276 ... None ... St.; ... 5 ... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? 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>Dec. 30, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Eddie Foster</u>			(14) NAME BEFORE MARRIAGE <u>Florence Straten</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Laundress</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born ... alive ... at ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maria X Hunt(24) State whether Physician or Midwife  
Midwife(25) Address of Physician or Midwife  
408 Oakland Ave.

Given name added from a supplemental report

(26) Witness Grace Chalmers  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 2, 1917 (28) C. E. Smith  
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.

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.

\*—City of Columbia, South Carolina, B. C.