

MARGIN RESERVED FOR INDEXING.
 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.

(1) PLACE OF BIRTH

County of

Township of

OR
 Inc. Town of

OR
 City of *Spartanburg* (No. *177* *Farley* St.; *6* Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Corie Belle Foster*

File No.—For State Registrar Only

32125

Registration District No. *40-0* Registered No. *418*
 (For use of Local Registrar)

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *September 11* 19 *22*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Marvin Foster*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)

(12) BIRTHPLACE *Union County S.C.*

(13) OCCUPATION *Section Hand Cotton Mill*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliza Ann Simpney*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)

(18) BIRTHPLACE *Spartanburg County S.C.*

(19) OCCUPATION *Housewife*

(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 *alive* at *4.6* M., on the date above stated. (Normal live) (Stillborn) (Hour A. M. or P. M.)

(23) (Signature) *James R. Jeffries (M.D.)*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

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(27) Filed *10-1-1922* (28) *James Caples* 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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