

Form No. 1

UNITED STATES OF AMERICA
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
87393

(1) PLACE OF BIRTH

County of *particular*Township of *Beech Springs*

or

Inc. Town of

or

City of

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

Registration District No. *46008*Registered No. *88*

(For use of Local Registrar)

(2) Full Name of Child *Eddie Foster*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Turner Foster

(9) PRESENT POSTOFFICE OF FATHER

Lucayan P.S.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Spurtaulaw y C.S.

(13) OCCUPATION

Laborer

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

Two (2)

MOTHER

(14) NAME BEFORE MARRIAGE

Ashley Barker

(15) PRESENT POSTOFFICE OF MOTHER

Lucayan P.S.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Spurtaulaw y C.S.

(19) OCCUPATION

Housewife

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

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *5-10-16* on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) *Hella X*

(24) State whether Physician or Midwife

(25) *Midwife* of Physician or Midwife

Given name added from a supplemental report

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(26) Witness *J.B.*

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

(27) Filled *Dec 1 1916*

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(28)

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.

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.

McGraw-Hill of Columbia

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