

(1) PLACE OF BIRTH

County of ChickTownship of Windsor

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

2085

Registration District No. 215 Registered No. 3
(For use of Local Registrar)(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 Foster Randall If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type of Child yes (5) Number in order of birth 1 (6) Age of mother yes (7) DATE OF BIRTH Feb 18 1923
(Name of Month) (Day) (Year)

FATHER.

(8) NAME OF FATHER Foster Randall(9) PRESENT RESIDENCE OF FATHER Windsor(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME OF MOTHER Mrs Mattie New(15) PRESENT RESIDENCE OF MOTHER Windsor(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mrs Fanny Windsor(23) State whether Physician or Midwife (24) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Filed Feb 20 1923 (27) L. L. Walker Local Registrar.

When child is not named by attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even alive, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.