

(1) PLACE OF BIRTH *see* **CERTIFICATE OF BIRTH**
 County of *Richland* STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of *11*
 or
 Inc. Town of *11* Registration District No. *310* Registered No. *3*
 or
 City of *11* (No. *11* St. *11* Ward *11*)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. -- For State Registrar Only
245

(2) Full Name of Child *Lucille Foster* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Sex *Female* (7) DATE OF BIRTH *1 10 22*
(Let sex and order of birth be in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Clas C. Foster*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Hattie Whittier*

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

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

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32*
(Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *31*
(Years)

(12) BIRTHPLACE *Rich. Co. S.C.*

(18) BIRTHPLACE *Rich. Co. S.C.*

(13) OCCUPATION *Barber*

(19) OCCUPATION *Housewife*

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

(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 *S.P.* at *8 P.* M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. Foster*

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

Given name added from a supplemental report

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

191
 Registrar

(27) Filed *Feb. 1922* (28) *N.W. Seawright* 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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