

(1) PLACE OF BIRTH *see* **CERTIFICATE OF BIRTH**
 County of *Piedmont* **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health
 Township of *11*

File No. — For State Registrar Only
245

Inc. Town of *11* Registration District No. *310* Registered No. *3*
 City of *11* (No. *11* St. *11* Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>1st born only in order of living triplets</i>	(5) Number in order of birth <i>1st</i>	(6) Age <i>10</i> <i>Months</i>	(7) DATE OF BIRTH <i>1. 10. 32</i> (Name of Month) (Day) (Year)
(8) FULL NAME <i>Clara C. Foster</i>		(10) COLOR <i>white</i>		
(9) POSTOFFICE OF FATHER <i>Piedmont S.C.</i>		(11) AGE AT LAST BIRTHDAY <i>32</i> (Years)		
(12) BIRTHPLACE <i>Pied. Co., S.C.</i>		(13) OCCUPATION <i>Barber</i>		
(14) NAME BEFORE MARRIAGE <i>Hattie Whitten</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Piedmont S.C.</i>		
(16) COLOR <i>white</i>		(17) AGE AT LAST BIRTHDAY <i>31</i> (Years)		
(18) BIRTHPLACE <i>Pied. Co., S.C.</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *8 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 *Piedmont*

Given name added from a supplemental report

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

(27) Filed *Feb. 19, 1932* (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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FORM NO. 4 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH DEBATING LINE—THIS IS A PERMANENT RECORD.

A BIRTH OF TWINS OR TRIPLETS MUST BE REPORTED AS SUCH. 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.