

MARGIN RESERVED FOR MEDICAL.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Blackstock</u> Inc. Town of..... City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. <u>3358</u>	
Registration District No. <u>1101</u>		Registered No. <u>16</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Louise Foster</u>					
(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Age of Father <u>70</u>	(7) DATE OF BIRTH <u>July 19, 1922</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Robert Foster</u> (9) PRESENT RESIDENCE OF FATHER <u>Blackstock</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>19</u> (Year) (12) BIRTHPLACE <u>S. C.</u> (13) OCCUPATION <u>Laborer</u> (14) Number of children born to mother, including present birth <u>1</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Hattie Jane Foster</u> (15) PRESENT RESIDENCE OF MOTHER <u>Blackstock</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>15</u> (Year) (18) BIRTHPLACE <u>S. C.</u> (19) OCCUPATION <u>Laborer</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3</u> A. M., on the date above stated. (Was alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Maria Strong</u> (24) State whether <u>Physician</u> or <u>Midwife</u> (25) Address of Physician or Midwife <u>Cornell St.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) <u>3/5-1922</u> (27) Filed <u>3/5-1922</u> (28) <u>Blomquist</u> Local Registrar			
When there was no attending physician or midwife, then the father, householders, 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.					