

## (1) PLACE OF BIRTH

County of RichTownship of 1or  
Inc. Town of 1City of Greenville

(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

File No.—For State Registrar Only

5572

Registration District No. 380 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child. W. A. Foxworth Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Boatman Foxworth(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Physician(14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Hogler(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Foxworth Jr.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1532 Assembly St.

Given name added from a supplemental report

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

(27) Filed 3-19-1922 (28) K. A. Foxworth 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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