

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28765

County of Anderson
Township of Culbervilleor
Inc. Town ofRegistration District No. 3.03 Registered No. 57
(For use of Local Registrar)City of (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. Charlie Foster } 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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will H Foster(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. P.F.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 60 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Cynthia L. Daley(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

151.

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by) E. B. CRAYTON,(27) Filed 151 (28) ANDERSON S.C. 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.