

WRITE PLAINLY, WITH UNFADING INK. USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON
B. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK ON
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Greenville

Township Willoughby

Inc. Town of Wade

City of Wade

(If birth occurs in a hospital or other institution, give name of institution, instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2314

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Bartholomew Fosh

St. Ward)

If child is not yet named, make

supplemental report as directed

(3) SEX <u>Male</u>	(4) DATE OF BIRTH <u>Feb 27 1918</u>	(5) TIME OF BIRTH <u>10:30</u>	(6) PLACE OF BIRTH <u>Home</u>
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FATHER.

(7) FULL NAME <u>William Fosh</u>	(8) PRESENT RESIDENCE <u>Wade</u>	(9) COLOR <u>White</u>	(10) AGE AT LAST BIRTHDAY <u>27</u>
(11) BIRTHPLACE <u>Greenville S.C.</u>	(12) OCCUPATION <u>Carpenter</u>	(13) Number of children born to mother, including present birth <u>1</u>	

MOTHER.

(14) FULL NAME <u>Ruth Bellamy</u>	(15) PRESENT RESIDENCE <u>Wade</u>	(16) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(18) BIRTHPLACE <u>Greenville S.C.</u>	(19) OCCUPATION <u>House Work</u>	(20) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (22) (Signature) Ruth Bellamy (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Wade

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(26) Filed	(27) Local Registrar
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If no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.