

INKS IN REVERSE RECEIVED FOR BINDING.
 WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 OR
 Inc. Town of _____
 OR
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

50139

Registration District No. 3610 Registered No. 2

(For use of Local Registrar)

(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 Lisha Coren Foyle If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 7, 1946</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>L. P. Foyle</u>	(14) NAME BEFORE MARRIAGE <u>Mathie Binnicher</u>	(9) PRESENT POSTOFFICE OF FATHER <u>R. F. D. 5 Orangeburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>R. F. D. 5 Orangeburg</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Orangeburg Co.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farmer's wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. H. Walter M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Orangeburg

Given name added from a supplemental report

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Registrar

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

(27) Filled 191 (28) 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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