

(1) PLACE OF BIRTH
 County of Spartanburg, S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
50399

Township of
 Inc. or Town of Registration District No. 40-a Registered No. 50
 or
 City of Spartanburg (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 Vernon Washington Foster If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 22 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Marvin Foster
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Union County S.C.
 (13) OCCUPATION Wreck Operator (Coal)
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Anna Simpson
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Spartanburg County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) William R. Foster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

..... 1916.
James D. Foster
Registrar

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

(27) Filed Mar 1 1916 (28) Geo. Cooper 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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McCaw, of Columbia. FIRST-BORN, No. 1. WHEN OTHER, No. 2, etc., in question 5.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw.