

(1) PLACE OF BIRTH

County of GreenvilleTownship of O'Neallor
Inc. Town ofor
City of

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

2) Full Name of Child Gillie Foster If child is not yet named, make supplemental report as directed (rd)(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1911 (Name of Month) (Day) (Year)(8) FULL NAME Robt. M. Foster
(9) PRESENT POSTOFFICE OF FATHER Travellers Rest R.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8MOTHER.
(14) NAME BEFORE MARRIAGE Florence Anderson
(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest R.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Spartanburg S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:35 A.M. (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) J. B. Kerola M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Travellers Rest S.C.

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) Filed July 8, 1911 (28) Arthur W. Newell 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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File No. — For State Registrar Only

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