

## (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

52219

County of FlorenceTownship of Immunovilleor  
Inc. Town of ImmunovilleCity of OC (No. ....)

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

Registration District No. 2015 Register No. 14  
(For use of Local Registrar)(2) Full Name of Child. name

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 12 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

E. A. Foster

(9) PRESENT POSTOFFICE OF FATHER

Immunoville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

Lancaster S.C.

(13) OCCUPATION

Physician

(14) Number of children born to mother including present birth

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Carrie Lee Darrah

(15) PRESENT POSTOFFICE OF MOTHER

Immunoville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Laurens S.C.

(19) OCCUPATION

name

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. A. Foster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

TIMMONSVILLE S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

Registrar

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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