

(1) PLACE OF BIRTH

County of WayneTownship of C-1or Inc. Town of Wayneor City of Wayne

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

(2) Full Name of Child John William Foster(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Month of Birth June Day 10 Year 1922(8) FULL NAME See Foster(9) PRESENT POSTOFFICE OF FATHER Wayne, S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Letter work(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Clara Rena Comer(15) PRESENT POSTOFFICE OF MOTHER Wayne(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, John William Foster, on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wayne, 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 June 10, 1922

(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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File No. - For State Registrar Only
18851CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2097Registered No. 203
(For use of Local Registrar)(No. West View Ward)

N. H. M. C. in case of TWIN OR TRIPLETS use 3 SEPARATE BLANKS FOR EACH CHILD, and make the FIRST-BORN NO 1 THE OTHER NO 2, etc., in question 5

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