

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Whispering  
or  
Inc. Town of.....  
or  
City of Cherry Springs

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**16722**

Registration District No. 1802-B

Registered No. 141  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
City of Cherry Springs  
St.; ..... Ward)  
If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Glenn Foster

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Judith Foster  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 8

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mary Foster Bryant  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(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 Born alive at 10:30 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mary Moore  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report  
Thos. P. Lesesne  
10-25-47 19 1922 Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 1 1922 (28) W. W. Painter 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.