

Form No 1.

(1) PLACE OF BIRTH.

County of Fairfield

Township of No. 2

or
Inc. Town of

or
CITY of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46126

Registration District No. 1901 Registered No. 5

(For use of Local Registrar)

(No. WALKER 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 Mary Elizabeth Foster { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u></u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u></u>	(6) Age Parents Married <u></u>	(7) DATE OF BIRTH <u>Jan 23 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Robert Foster

(9) PRESENT POSTOFFICE OF FATHER Woodward S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Fairfield Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Walker

(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Fairfield Co. S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marna W. A. Blaine

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

Midwife Woodward S.C.

Given name added from a supplemental report

Mary Walker
Superintendent
Registrar

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

(27) Filed Jan 29 1916 (28) W. A. Blaine 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.
McCauley of Columbia