

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Blacksburg  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

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

File No.—For State Registrar Only  
**27660**

Registration District No...1. A. 1 Registered No...43.....  
 (For use of Local Registrar)

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

(2) Full Name of Child James Albert Foster If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH.....  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Albert Foster

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

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara Cunningham

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.....white.....at...3 P.M......  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Strong  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cornwell S.C.

Given name added from a supplemental report

(26) Witness Richard Foster  
 (Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed 10/1 1923 (28) J. H. Cornwell  
 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.