

(1) PLACE OF BIRTH

County of Cherokee
Township of Blounts Fork
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...11. A. 1 Registered No...43.....
(For use of Local Registrar)

(No. 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 James Albert Foster If child is not yet named, make supplemental report as directed

2) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets 3) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH..... 19.....
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME James Albert Foster

14) NAME BEFORE MARRIAGE Sara Cunningham

9) PRESENT POSTOFFICE OF FATHER Cornwell S.C.

15) PRESENT POSTOFFICE OF MOTHER Cornwell S.C.

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

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

12) BIRTHPLACE S.C.

18) BIRTHPLACE S.C.

13) OCCUPATION Farmer

19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 1 3

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