

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 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

18803

Registration District No. 2209A Registered No. 195  
 (For use of Local Registrar)

(No. 1 Coast 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

If child is not yet named, make supplemental report as directed

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

## FATHER.

8) FULL NAME William Robert Foster  
 9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 42 (Years)  
 12) BIRTHPLACE Greenville S.C.  
 13) OCCUPATION Police Warden

## MOTHER.

14) NAME BEFORE MARRIAGE Lilly Smith  
 15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 38 (Years)  
 18) BIRTHPLACE Greenville S.C.  
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 1 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Foster(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife P. O. Box 3

Given name added from a supplemental report

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

(27) Filed June 15 1922 (28) Ch. H. Foster 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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