

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of *Spitbg.*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16630

Registration District No. *40-a*Registered No. *220*

(For use of Local Registrar)

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 *Willie Foster*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *May 23, 1932*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Frank Foster*(9) PRESENT POSTOFFICE OF FATHER *Shartburg S.C.*(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *24*
(Year)(12) BIRTHPLACE *Shartburg S.C.*(13) OCCUPATION *Painter*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eunice Wallace*(15) PRESENT POSTOFFICE OF MOTHER *Shartburg S.C.*(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *18*
(Year)(18) BIRTHPLACE *Shartburg S.C.*(19) OCCUPATION *Housewife*(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
on the date above stated.(Born alive or stillborn) *alive* at *.....* M.
(Hour A. M. or P. M.)(23) (Signature) *Ann M. Foster*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Shartburg S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *6-1-32*

(28)

Local Registrar *Jas. Copes*

*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.