

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of *Spitbg* (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 *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 1922*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Frank Foster*

(9) PRESENT POSTOFFICE OF FATHER *Shartanburg S.C.*

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

(12) BIRTHPLACE *Shartanburg S.C.*

(13) OCCUPATION *Painter*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eunie Wallace*

(15) PRESENT POSTOFFICE OF MOTHER *Shartanburg S.C.*

(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *18* (Year)

(18) BIRTHPLACE *Shartanburg S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Ann Walker midwife* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Shartanburg 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 *6-1-22* (28) *Jas. Copes* 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.