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Form No. 1

(1) PLACE OF BIRTH

County of *Spring*
Township of *Spring*
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

26283

Registration District No. *400* Registered No. *68*
(For use of Local Registrar)
(No. *St.* Ward)

(2) Full Name of Child *Edwin Victor Foster*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet <i>1</i> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>July 26 1923</i> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Frank Foster</i>			(10) NAME BEFORE MARRIAGE <i>Hattie Foster</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Pauline & Co</i>			(11) PRESENT POSTOFFICE OF MOTHER <i>Pauline & Co</i>	
(12) COLOR OR RACE <i>col</i>	(13) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(14) COLOR OR RACE <i>col</i>	(15) AGE AT LAST BIRTHDAY <i>31</i> (Years)	
(16) BIRTHPLACE <i>S.C.</i>		(17) BIRTHPLACE <i>S.C.</i>		
(18) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Dom</i>		
(20) Number of children born to mother, including present birth <i>4</i>		(21) Number of children of this mother now living, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *D. H. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phy - Elmore Springs

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 10 1923* (28) *Mrs J. C. White* 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.

USE OF THIS FORM FOR EACH CHILD. SEE SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.