

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Yamouille
 or
 Township of Yamouille
 or
 Inc. Town of Paris
 or
 City of Paris

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
43066

Registration District No. Registered No.
 (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 Foster

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1905
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Foster
 (9) PRESENT POSTOFFICE OF FATHER Yamouille SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53
 (Years)
 (12) BIRTHPLACE Yamouille Co
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Alma McLeight
 (15) PRESENT POSTOFFICE OF MOTHER Yamouille SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Yamouille Co SC
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:15 P.M. at 7:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife Physician Yamouille SC

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) [Signature] 191____ (28) _____
 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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