

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

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Summerville
Township of Summerville
or
Inc. Town of Part
or
City of Place

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)
SA.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel 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 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Foster
(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Summerville S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Albina McElwaine
(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Summerville S.C.
(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 alive at 12:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

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

(27) Physician 1911 (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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