

## (1) PLACE OF BIRTH

County of CherokeeTownship of Forsville

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District Number 4704

No. for State Register Only

8745

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child William Foster Jr.

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

(3) SEX OF CHILD <u>Male</u>	(4) Type of Triplet To be answered only in case of Triplets	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Feb 16 1923</u>
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FATHER.

(8) FULL NAME William Foster

(9) PRESENT POSTOFFICE OF FATHER Forsville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Year)

(12) BIRTHPLACE Cherokee S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ethel Johnson

(16) PRESENT POSTOFFICE OF MOTHER Forsville S.C.

(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 19 (Year)

(19) BIRTHPLACE Cherokee S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Foster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 24 1923 (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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