

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Reelett
 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

87513

Registration District No. 4006 Registered No. 177
 (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 Harris Cecil Foster If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 14(6) Are Parents Married? yes

(7) DATE OF

BIRTH 19 Nov 19 16
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Washington Foster(9) PRESENT POSTOFFICE OF FATHER Reelett, R.R. 2 SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34.6
 (Years)(12) BIRTHPLACE Rich Hill SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Memie Ella Lee(15) PRESENT POSTOFFICE OF MOTHER Reelett SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Years)(18) BIRTHPLACE Rich Hill SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. R. Lowe MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Reelett SC

Given name added from a supplemental report

(26) Witness

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

(27) Filled

11/20/16 M. W. Brown
 Local Registrar19
 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.

fifth month of pregnancy.