

NEED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA.		36216	
Bureau of Vital Statistics		State Board of Health			
Township of		Registration District No. <u>37A</u>		Registered No. <u>1530</u>	
or Inc. Town of				(For use of Local Registrar)	
or City of <u>Columbia, S.C.</u>		No. <u>2121</u>		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 <u>Scouto Foster</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE <u>Oct 15 1922</u>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Foster</u>			(14) NAME BEFORE MARRIAGE <u>Drury Cumber</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Columbia, S.C.</u>			(18) BIRTHPLACE <u>Columbia, S.C.</u>		
(13) OCCUPATION <u>Gas Camper</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at (Born alive or stillborn) (Hour A. M. or P. M.) <u>4 P. M.</u> on the date above stated.					
(23) (Signature) <u>Jannet Lee</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>2107 Elmwood Ave.</u>					
Given name added from a supplemental report			(26) Witness <u>Arnie Brown</u>		
..... 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>11-1-22</u> 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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