

WHITE PLAINIX, 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
McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Lancaster

Township of

Cane Creek

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

File No.—For State Registrar Only
64982

Registration District No. *2801* Registered No. *64*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

June 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Simon Foster

(9) PRESENT POSTOFFICE OF FATHER

Riverside, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY *40*
(Years)

(12) BIRTHPLACE

Lancaster Co., S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Barnah Fraulinger

(15) PRESENT POSTOFFICE OF MOTHER

Riverside, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY *24*
(Years)

(18) BIRTHPLACE

Lancaster Co., S.C.

(19) OCCUPATION

Housewife

(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 alive* on the date above stated.

(23) (Signature)

Patience Belle

(Hour A. M. or P. M.) *A.M.*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lancaster S.C. P. 4

Given name added from a supplemental report

(26) Witness

Mrs. W. H. Driffin
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *June 22 1916*

(28) *W. H. Driffin*
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.

fifth month of pregnancy.