

FORM NO. 2  
MARGINS REPRODUCED FROM BUREAU OF VITAL STATISTICS  
WHEN PLACED IN THE MARGINS OF THIS FORM, THERE IS A PRELIMINARY RECORD, AND MARK THE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
McKay, of Columbia

(1) PLACE OF BIRTH

County of Lexington  
Township of Boiling Springs  
or  
Inc. Town of \_\_\_\_\_  
or  
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  
86471 Vol. 156

Registration District No. 3108 Registered No. 33  
(For use of Local Registrar)

City of \_\_\_\_\_ (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 Lois Foster { 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 \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH October 2, 1916  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Fred Foster  
9) PRESENT POSTOFFICE OF FATHER Lexington S.C. Rfd 3  
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
12) BIRTHPLACE Spartanburg Co. S.C.  
13) OCCUPATION Overseer in Cotton Mill  
20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Pagett  
(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C. Rfd 3  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Spartanburg Co. S.C.  
(19) OCCUPATION Home  
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. J. Vargaard M.D.  
(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report  
\_\_\_\_\_, 191\_\_\_\_  
\_\_\_\_\_  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 1, 1916 (28) P. H. Derrick 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.