

(1) PLACE OF BIRTH
County of Union S.C.
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
32548

Inc. Town of Union S.C. Registration District No. 42-A Registered No. 124
(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 Geneva Foster { If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Yrs (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 10-22-22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Athens Baker
(9) PRESENT OFFICE OR RESIDENCE Union S.C. R#4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Union County
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Lillian Foster
(15) PRESENT OFFICE OR RESIDENCE Union S.C. R#4
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Union County
(19) OCCUPATION Student

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Theodore Maddox
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-10-22 (28) D. G. Jarratt 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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