

(1) PLACE OF BIRTH

County of FairfieldTownship of W02or
Inc. Town ofor
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

76905

Registration District No. 1901Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child Charlie George Foster

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

(3) SEX OR <u>Male</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 OF BIRTH <u>Aug 30</u> Name of Month (Day) (Year)
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FATHER.

(8) FULL NAME Briggs Foster(9) PRESENT POSTOFFICE OF FATHER Woodward SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Buxon(15) PRESENT POSTOFFICE OF MOTHER Woodward SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer hand(20) 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 Female at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Riggs Washington(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Woodward SC

Given name added from a supplemental report

181

181

181

(26) Witness

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

(27) Filed Sept 17 1916

(28)

W. A. Blaine

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 and report is desired of stillbirths before the fifth month of pregnancy.

McCaw, E. Columbia