

Form No. 1

(1) PLACE OF BIRTH

County of SPRING

Township of

or

Inc. Town of

or

City of SPRING

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2438

Registration District No. 40-0 Registered No. 26

(For use of Local Registrar)

(No. 115 these 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 Edward Foster

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

(3) BOY OR GIRL

(4) Twin TD or Triplet?(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Foster

(9) PRESENT POSTOFFICE OF FATHER

Bell street

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE

Walter

(13) OCCUPATION

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Mays

(15) PRESENT POSTOFFICE OF MOTHER

Oakland ave

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

Cook

(19) OCCUPATION

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 PM on the date above stated. (Born alive or stillborn (Hour, L. M. or P. M.))(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 5 1922 (28) Jan Copies

*When there was no attending physician or midwife, then the father, householder, or 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.

MAKING REQUISITE FOR BIRTH CERTIFICATE. WITH UNPAID FEE—THIS IS A SUBSTANTIAL VIOLATION OF THE LAW. IF YOU ARE A PARENT OR OTHER PERSON WHO HAS BEEN ADVISED BY A PHYSICIAN, NURSE, OR OTHER PERSON THAT YOUR CHILD IS A STILLBORN, YOU MUST REPORT IT TO THE STATE BOARD OF HEALTH. IF YOU DO NOT, YOU WILL BE FINED \$100.00 AND YOUR CHILD WILL BE REPORTED AS A STILLBORN. IF YOU ARE A PHYSICIAN, NURSE, OR OTHER PERSON WHO HAS BEEN ADVISED BY A PARENT OR OTHER PERSON THAT YOUR CHILD IS A STILLBORN, YOU MUST REPORT IT TO THE STATE BOARD OF HEALTH. IF YOU DO NOT, YOU WILL BE FINED \$100.00 AND YOUR CHILD WILL BE REPORTED AS A STILLBORN.