

(1) PLACE OF BIRTH

County of Greenville

Township of Highland

or
Inc. Town of

or
City of

(No.) Registration District No. 2211 Registered No.
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
13077

(2) Full Name of Child Carl Foster

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? 1

(5) Number in order of birth 1
To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 4, 1915
(Name of Month) (Day) (Year)

(8) FULL NAME Father: Fossie Foster

(9) PRESENT POSTOFFICE OF FATHER Greer 7-3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Ellen Litman

(15) PRESENT POSTOFFICE OF MOTHER Greer 7-3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE A.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 blue at 7:25 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
[Address]

Given name added from a supplemental report

Carl Foster 1916

[Signature] Registrar

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

(27) Filed Dec 10, 1915 (28) [Signature] 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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FIRST-BORN N. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.