

(1) PLACE OF BIRTH

County of GreenvilleTownship of Highlandor
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

43077

Registration District No. 2211

Registered No.

(For use of Local Registrar)

(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(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 4, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cassie 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

MOTHER.

(14) NAME BEFORE MARRIAGE E. Nell L. L. L.(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 born 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 or required before the fifth month of pregnancy.

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 or required before the fifth month of pregnancy.

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. N. C. W. of Columbia

McGraw-Hill