

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40787

County of AndersonTownship of WilliamstonInc. Town of PelzerCity of PelzerRegistration District No. 3Registered No. 163

(For use of Local Registrar)

(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 Herbert Albert

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

(3) BOY OR GIRL? boy(4) Twin or Triplet? -(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 14, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. B. Foster(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Matie Brown(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Greenville County(19) OCCUPATION Domestic(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 White at 10:30 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. R. Dwyer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report

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

(27) Filed Jan 8, 1923 (28) W. R. Dwyer Local Registrar

*When there was no attending physician or midwife, when 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.