

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw-Hill, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Lancaster  
Township of Cane Creek  
or  
Inc. Town of .....  
or  
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  
**15510**

Registration District No. 2-8-01 Registered No. 18  
(For use of Local Registrar)  
St. .... Ward

(2) Full Name of Child Walter Anderson Foster  
(If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1922  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Robert Foster  
(9) PRESENT POSTOFFICE OF FATHER Lancaster  
(10) COLOR OR RACE Cpl (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Lancaster  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

**MOTHER**  
(14) NAME BEFORE MARRIAGE Mary Foster  
(15) PRESENT POSTOFFICE OF MOTHER Cane Creek  
(16) COLOR OR RACE Cpl (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Lancaster  
(19) OCCUPATION Housewife  
(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 born at 11-30 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) M. D. Lee  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report .....  
(26) Witness Signature of Witness necessary when question 23 is signed by mother  
(27) Filed 5-24-22 (28) 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.