

Form No. 1

## (1) PLACE OF BIRTH

County of Farfield

Township of .....

OR  
Inc. Town of No. 2OR  
City of .....(No. .... St.; .... Ward)  
(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

4136072238-a-69Registration District No. 1901 Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Robert Foster Jr. {If child is not yet named, make supplemental report as directed

|                                |   |                              |  |   |
|--------------------------------|---|------------------------------|--|---|
| (3) BOY OR GIRL?<br><u>boy</u> | (4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married?<br><u>yes</u> | (7) DATE OF BIRTH <u>Dec 9 1922</u><br>(Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|--|---|

## FATHER.

(8) FULL NAME Robert Foster(9) PRESENT POSTOFFICE OF FATHER Woodward(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 27  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Foster(15) PRESENT POSTOFFICE OF MOTHER Woodward(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm helper(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Colonia at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bess Harrison

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

Woodward 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 Dec 15 1922 (28) W. A. Blaine  
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.

WRITE 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.

REG. OF COLUMBIA, COLUMBIA, S. C.

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