

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Register Only

56017

County of SimpsonTownship of AustinInc. Town of SimpsonvilleCity of (No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1100Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child Hubert Charles Foster

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr. 14, 1916

(State of Birth) (Day) (Month)

FATHER.

(8) FULL NAME John A. Foster(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE D.C.(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Dietz(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION House Work(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 alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. C. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Simpsonville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 4, 1916(28) J. L. Richardson 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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McGraw, of Columbia. FIRST-BORN, No. 1. THEN OTHER, No. 2, etc., in question 5.

THIS FORM IS PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.