

FORM NO. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Draytonville
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)
 Registration District No. 1001 Registered No. 11
 (For use of Local Registrar)
 (2) Full Name of Child Raymond Foster { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? No (7) DATE OF BIRTH July 25-6
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Will Foster</u>	(14) NAME BEFORE MARRIAGE <u>Sally Benson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Griffing C. R. 6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Griffing C. R. 6</u>
(10) COLOR OR RACE <u>negro</u>	(16) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>D. C.</u>	(18) BIRTHPLACE <u>D. C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Draytonville on the date above stated. (born alive or stillborn) (Hour & M. or P. M.)
 (23) (Signature) W. H. Foster
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Draytonville
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) W. H. Foster
 (27) Filed July 6 1916 (28) C. C. Green 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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