

Form No 1.

(1) PLACE OF BIRTH
County of Hairfield
Township of No 2
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

48944

Registration District No. 1901 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Adrian Foster { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>14</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>14</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan, 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Birde Foster

(9) PRESENT POSTOFFICE OF FATHER Woodward S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 55
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 14 }

MOTHER.

(14) NAME BEFORE MARRIAGE Easter Johnson

(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Home Laborer

(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Adrian, at 11 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Davis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Woodward S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Birde Foster
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 9, 1916 (28) H. C. 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.

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.
McCauley, of Columbia.