

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY. WITH ENFOLDING INC.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE HEADING FOR EACH CHILD, and enter the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Horry Co  
Township of Wren Sea  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

15344

Registration District No. 28-06

Registered No. 46  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

3) BOY OR <del>GIRL</del>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>5/15/22</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>Ch. Harrison</u>	(14) NAME BEFORE MARRIAGE <u>Henry M. Fowler</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Loris S.P. R3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Loris S.P.</u>			
10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12) BIRTHPLACE <u>Wren Sea</u>	(18) BIRTHPLACE <u>Wren Sea, S.C.</u>			
13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Wife</u>			
20) Number of children born to mother, including present birth <u>4</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 Alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Wren Sea

Given name added from a supplemen-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mother)

(27) Filed May 17 22

(28) [Signature]  
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.