

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

1. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

2. 3.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
Inc. Town of Abbeville
City of Abbeville

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
22970

Registration District No. 1-A Registered No. 73
(For use of Local Registrar)
(No. 6 Longley St. St.; Third Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James William Fowler

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Aug 21, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>James Edward Fowler</u>			14) NAME BEFORE MARRIAGE <u>Mary Anna Gabe</u>	
9) PRESENT RESIDENCE OF FATHER <u>6 Longley St. Abbeville, S.C.</u>			15) PRESENT RESIDENCE OF MOTHER <u>6 Longley St. Abbeville, S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
12) BIRTHPLACE <u>Madison County, Ga.</u>			18) BIRTHPLACE <u>Abbeville, S.C.</u>	
13) OCCUPATION <u>Cotton Mill Work</u>			19) OCCUPATION <u>Cotton Mill Work</u>	
20) Number of children born to mother, including present birth <u>Three</u>			21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 3:00 M., P. or A. M.)

(23) (Signature) J. R. Power, M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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

(27) Aug 27, 1923 James William Fowler Local Registrar

When there was no attending physician or midwife, 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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