

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

53986

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4202 Registered No. 12

(For use of Local Registrar)

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

(3) BOY OR GIRL?

X boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

to be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 4, 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

William Henry Fowler

(14) NAME BEFORE MARRIAGE

Mamie Buntley

(9) PRESENT POSTOFFICE OF FATHER

Keltan S.C. R.R.

(15) PRESENT POSTOFFICE OF MOTHER

Keltan S.C. R.R.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Union Co S.C.

(18) BIRTHPLACE

Union Co S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

W. D. Hale

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lockhart S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Mar 24 1916

(28)

D. G. Gallman

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.

REGISTER

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WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD.  
 N.E.—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.

WRI  
 N. H. McCaw, of Columbia.

McCaw