

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
or
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

79362

Registration District No. 4009 Registered No. 120
(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 Margaret Evelyn Fowler } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? (5) Number in order of birth (6) Are the Parents Married? (7) DATE OF BIRTH Sept 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Paul Fowler
(9) PRESENT POSTOFFICE OF FATHER Switzer S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Mail Carrier
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Marguerite Fowler
(15) PRESENT POSTOFFICE OF MOTHER Switzer S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION House keeper
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. N. Workman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report.
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Registrar

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

(27) Filled 10/10 1916 (28) Wm. L. Boyter 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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