

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Woodruff*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

79362

or  
Inc. Town ofRegistration District No. *4009* Registered No. *120*  
(For use of Local Registrar)

City of

(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?

(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)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME

*Paul Fowler*

(9) PRESENT POSTOFFICE OF FATHER

*Leitersville 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.

(15) NAME BEFORE MARRIAGE

*Marguerite Fowler*

(16) PRESENT POSTOFFICE OF MOTHER

*Leitersville S.C.*

(17) COLOR OR RACE

*White*(18) AGE AT LAST BIRTHDAY *25*  
(Years)

(19) BIRTHPLACE

*Spartanburg Co*

(20) OCCUPATION

*House Keeper*

(21) 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.* (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.

(26) Witness

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

(27) Filled

*10/10 1916*

(28)

*Chas. L. Boyter*

Local Registrar

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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