

(1) PLACE OF BIRTH

County of *Wayne*Township of *North*or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79271

Registration District No. *4004*Registered No. *4*

(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, *Jessie Louise Fowler*

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

(3) BOY OR GIRL  
*Girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 19, 1916*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Trice Fowler*(9) PRESENT POSTOFFICE OF FATHER *Port Charles, S.C.*(10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *21*  
(Years)(12) BIRTHPLACE *Port Charles, S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1*

## MOTHER

(14) NAME BEFORE MARRIAGE *Netie Brown*(15) PRESENT POSTOFFICE OF MOTHER *Port Charles, S.C.*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *27*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Home wife*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:00 P.* M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *J. H. Hunter*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Port Charles, S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) *J. H. Hunter*

1916

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Registrar

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.