

(1) PLACE OF BIRTH
 County of *York*
 Township of *North*
 or
 Inc. 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
79271

Registration District No. *4004* Registered No. *4*
 (For use of Local Registrar)

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

(2) Full Name of Child, *Jess Louise Fowler* If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 19 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME *Jesse Fowler*
 (9) PRESENT POSTOFFICE OF FATHER *Portauland S.C.*
 (10) COLOR OR RACE *W.C.* (11) AGE AT LAST BIRTHDAY *31* (Years)
 (12) BIRTHPLACE *Portauland S.C.*
 (13) OCCUPATION *Farmer*
 (14) Number of children born to mother, including present birth *1*

MOTHER
 (14) NAME BEFORE MARRIAGE *Kate Brown*
 (15) PRESENT POSTOFFICE OF MOTHER *Portauland S.C.*
 (16) COLOR OR RACE *W.C.* (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 *12:00* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. B. Hunter*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Portauland 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) *J. B. Hunter* 1916 (28) *M. M. Hunter* 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.