CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12885-A

(1) PLACE OF BIRTH
County of Newberry
Township of Prosperity
or
Inc. Town of .....
or
City of .....
(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4002 Registered No. 206
(For use of Local Registrar)

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

(3) BOY OR GIRL? Male | (4) Twin or Triplet? X | (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 Apr. 6 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Wm J Fowler	(14) NAME BEFORE MARRIAGE: Amanda Horn
(9) PRESENT POSTOFFICE OF FATHER: Chapel S.C. R2	(15) PRESENT POSTOFFICE OF MOTHER: Chapel S.C. R2
(10) COLOR OR RACE: white (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: House wife
(20) Number of children born to mother, including present birth: 1	(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 born alive at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) F. R. Cash

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Chapel 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 Aug 9 1931 (28) W. H. Sims
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.
before the fifth month of pregnancy.