

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Spartanburg
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19226

Registration District No. 10 Registered No. 50

(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

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

(1) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5 1923
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Fowler
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31
 (Year) (12) BIRTHPLACE W.C.

OCCUPATION

Machine20 Number of children born to mother, including present birth 12

MOTHER.

(13) NAME BEFORE MARRIAGE Sarah Peterson
 (14) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 (15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 23
 (Year) (17) BIRTHPLACE W.C.

OCCUPATION

Domestic(18) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmond, S.C.

Given name added from a supplemental report

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

(27) Filed July 12 1923 (28) J. W. Fitchell 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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