

(1) PLACE OF BIRTH

County of Sharon

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

10401

Township of Salemor Inc. Town of SalemRegistration District No. 2013Registered No. 51
(For use of Local Registrar)City of Salem(No. 51 St. 1 Ward)

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

(2) Full Name of Child Ray Lee Fowler

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

(3) SEX OR Male (4) Type 1 or 2 (5) Number in 1 order of birth (6) Are yes or no (7) DATE OF Feb 27, 23 BIRTH (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ray Fowler</u>	(14) NAME BEFORE MARRIAGE <u>Mittie Graham</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Salem City, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Salem City, S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Housewife</u>	(13) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M. on the date above stated. (Born live or stillborn) (Hour M. or P. M.)(23) (Signature) J. B. W. Caruthers M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Salem City, S.C.

(If name added from a supplemental report)

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

(27) Filed 4/17/23 (28) Phar Carter 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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