

## (1) PLACE OF BIRTH

County of UnionTownship of Unionor  
Inc. Town of Unionor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

20372

Registration District No. 42-A Registered No. 77

(For use of Local Registrar)

City of ..... (No. R. 7. D. # 5 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, Vera 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 June 13, 1922

(To be answered only in case of twins or triplets)

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME John W. Fowler(14) NAME BEFORE MARRIAGE Hester Bridges(9) PRESENT POSTOFFICE OF FATHER Union S.C. R. 7. D. # 5(15) PRESENT POSTOFFICE OF MOTHER Union S.C. R. 7. D. # 5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Spartanburg Co., S.C.(18) BIRTHPLACE Swain Co., N.C.(13) OCCUPATION Mill Operative(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth Seven(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive 5-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Sallary(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

10/27/43 191....(27) Filed 7-10-1922 (28) J. S. Jarrett 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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In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill