

(1) PLACE OF BIRTH
 County of Greenville
 Township of Clinton
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 2200 Registered No. 147
 (For use of Local Registrar)

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in case of Twins or Triplets	5) Month of birth <u>Sept</u>	6) Age Parents Married <u>4</u>	7) DATE OF BIRTH <u>Sept 19 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8) FULL NAME <u>John Fowler</u>		14) NAME BEFORE MARRIAGE <u>Patie Wood</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
16) COLOR OR RACE <u>Col</u>	11) AGE AT LAST BIRTHDAY <u>34</u>	16) COLOR OR RACE <u>Col</u>	17) AGE AT LAST BIRTHDAY <u>27</u>	
12) BIRTHPLACE <u>Greenville S.C.</u>		16) BIRTHPLACE <u>S.C.</u>		
13) OCCUPATION <u>Farming</u>		16) OCCUPATION <u>Farming</u>		
26) Number of children born to mother, including present birth <u>5</u>		27) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. H. McCall
 (24) State whether Physician or Midwife (Address of Physician or Midwife) Greenville S.C.

(Given name added from a supplemental report)
 (25) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 10 1923 (28) J. F. Richardson
 Registrar 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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