

DC# 139-90-000861

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

M. G.

1681

(1) PLACE OF BIRTH County of <u>SPARTANBURG, S. C.</u> Township of <u>SPARTANBURG, S. C.</u> or Inc. Town of .....		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>5823</b>
City of .....		Registration District No. <u>4008</u> .....		Registered No. <u>46</u> .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)
(2) Full Name of Child <u>Thomas H. Fowler</u>				
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 23, 1922</u>
FATHER.		MOTHER.		
(8) FULL NAME <u>G. H. Fowler</u>		(14) NAME BEFORE MARRIAGE <u>Pearley Bishop</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>SPARTANBURG, S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>SPARTANBURG, S. C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:10</u> M., on the date above stated. (Born alive or stillborn) (Hour or P. M.) (23) (Signature) <u>A. D. Cudd</u> (24) State whether Physician or <u>Midwife</u> (25) Address of Physician or Midwife <u>SPARTANBURG, S. C.</u>				
Given name added from a supplemental report <u>M. B. H. = M. D.</u> <u>6/3/14</u> 19 .. Registrar		(26) Witness .. (Signature of Witness necessary only when question 23 is signed by mark) <u>G. F. Parker</u> (27) Filed <u>Feb 28 22</u> (28) .. 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.				