

(1) PLACE OF BIRTH

County of

Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. for State Registrar only
44100

Township of

Mullins

Inc. Town of

Registration District No.

*3712*Registered No.
(For use of Local Registrar)*61*

City of

(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

Robert Bryant Fowler

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

(3) SEX OF CHILD <i>Boy</i>	(4) TOP or TAIL <i>Is in normal position of Top or Tail</i>	(5) BIRTH DATE <i>Jan 20 1924</i>	(6) AGE OF CHILD <i>4</i>	(7) DATE OF BIRTH <i>Jan 20 1924</i>
FATHER		MOTHER		
(8) FULL NAME <i>James Herman Fowler Jr.</i>		(9) NAME BEFORE MARRIAGE <i>Mellie Reed Johnson</i>		
(10) PRESENT RESIDENCE OF FATHER <i>Mullins SC</i>		(11) PRESENT RESIDENCE OF MOTHER <i>Mullins SC</i>		
(12) COLOR OR RACE <i>White</i>		(13) COLOR OR RACE <i>White</i>		
(14) AGE AT LAST BIRTHDAY <i>41</i>		(15) AGE AT LAST BIRTHDAY <i>36</i>		
(16) BIRTHPLACE <i>Marion Co</i>		(17) BIRTHPLACE <i>Marion Co</i>		
(18) OCCUPATION <i>Blacksmith</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>6</i>		(21) Number of children of this mother now living, including present birth <i>6</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (May A. M. or P. M.)(23) (Signature) *Russ L. Mullins*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 22 1924*(28) *Russ L. Mullins*

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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