

(1) PLACE OF BIRTH

County of UnionTownship of Jonesvilleor
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

File No.—for State Registrar Only
30436

 Registration District No. 2.44 Registered No. 4.44
 (For use of Local Registrar)

(2) Full Name of Child

Lynette Fowler
 If child is a girl, name and
 supplement of name of mother

(1) SEX OF CHILD <u>Girl</u>	(2) TIME OF BIRTH <u>Is in general use in case of twins or triplets</u>	(3) Number in order of birth <u>1</u>	(4) Age of Mother <u>28</u>	(5) DATE OF BIRTH <u>Sept 28 1914</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Wm. E. Fowler</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Young</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Jonesville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jonesville</u>	
(8) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>	
(9) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(10) BIRTHPLACE <u>U.S.</u>			(18) BIRTHPLACE <u>U.S.</u>	
(11) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>D.</u>	
(12) Number of children born to mother, including present birth <u>3</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

 (22) (Signature) Alfred
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Jonesville

Given name of child from a competent report

Wm. E. Fowler, M.D.

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

 (26) Signed Mrs. Geo. L. Young 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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