

(1) PLACE OF BIRTH

County of GreenvilleTownship of 14

or

Inc. Town of Buncombe Road

or

City of Buncombe Road

(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

38651

Registration District No. 220913Registered No. 394

(For use of Local Registrar)

(2) Full Name of Child Baty Fowler

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH Sept 7, 22
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME

Wm. Franklin Fowler

(3) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Callie F. Hancock

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

Lushaw, S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born 1130 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

F. P. LeBlond
Wm. Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Wm. F. G. 1130 P.

(28)

Wm. F. G. 1130 P.19
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.

MAKING REPORTS IN THIS MANNER
 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.
 DEPT. OF COLUMBIA, COLUMBIA, S. C.