

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Wedge State Board of Health

or
Inc. Town of
or

Registration District No. 4008

Registered No. 648
(For use of Local Registrar)

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 Sophia Ethel Fowler

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 29, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME J. W. Fowler

(14) NAME BEFORE MARRIAGE Mary Scruggs

(9) PRESENT POSTOFFICE OF FATHER Gaffney B. O. S. D. C.

(15) PRESENT POSTOFFICE OF MOTHER Gaffney B. O. S. D. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Madison County N.C.

(18) BIRTHPLACE Buncomb County N.C.

(13) OCCUPATION Farming

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 8

(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 alive 2 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Sunie Garrett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney B. O. S. D. C.

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
C. J. Paotter
(27) Filed Aug 30 1916 (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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING. 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. McCaw, of Columbia.