

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Spencer*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of *Spencer*

State Board of Health

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *4008*Registered No. *648*

(For use of Local Registrar)

(2) Full Name of Child *Sophia Ethel Fowler*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Aug. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. W. Fowler

(9) PRESENT POSTOFFICE OF FATHER

Gaffney B. C. & S. I. C. 0275

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Madison County N.C.

(13) OCCUPATION

Farming

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Scruggs

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney B. C. & S. I. C. 0275

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Buncomb County N.C.

(19) OCCUPATION

House work

(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* on the date above stated.*2 o'clock P.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Midwife**Sunnie Garrett*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gaffney B. C. & S. I. C. 0275

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed *Aug 30 1916*(28) *C. F. Parker*

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.

MARGIN RESERVED FOR BINDING.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.