

(1) PLACE OF BIRTH

County of Greenville

Township of

In Town of

City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3803

Registration District No. 20-ARegistered No. 78
(For use of Local Registrar)(No. W06 E Evans 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 John H. Fowler

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

(3) SEX OR GUILD

boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 14, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Malbury Fowler

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Generally A.C. Car Repairs

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Faulk

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

w

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

(S.C.)

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Phys.Greenville S.C.

Give name added from supplemental report

James FowlerJames H.

(25) Witness

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

2/16/23P. H. Bushaw

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead or stillborn. No report is desired of stillbirths.

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