

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**2643**

(1) PLACE OF BIRTH  
County of Union  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Union (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 42-A Registered No. 57  
(For use of Local Registrar)

(2) Full Name of Child Denno Fowler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 1/16/22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Benj. S. Fowler</u>	(14) NAME BEFORE MARRIAGE <u>Paughnee Lambright</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Spartanburg S.C.</u>	(13) OCCUPATION <u>Overseer</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife see office

Given name added from a supplemental report  
M. P. W. [Signature]  
9-4 1922  
Registrar  
(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 2-10-22 (28) [Signature] 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

1190  
SEE  
NEXT  
FRAME

Form No. 5