

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		2643	
Township of		Bureau of Vital Statistics			
City of <u>Union</u>		State Board of Health			
Inc. Town of		Registration District No. <u>42-A</u>		Registered No. <u>5</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Dennis Fowler</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/16/22</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Benj. L. 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>38</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>		
(12) BIRTHPLACE <u>Spartanburg S.C.</u>		(18) BIRTHPLACE <u>Spartanburg S.C.</u>			
(13) OCCUPATION <u>Overseer</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 <u>born alive or stillborn</u> on the date above stated. <u>4:30 P.M.</u>					
(23) (Signature) <u>see affid.</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
<u>M. B. W. Woodward, M.D.</u>		<u>J. H. Garrett</u>			
<u>9-4</u> 19 <u>22</u>		(27) Filed <u>2-10-22</u> (28) <u>J. H. Garrett</u> Local Registrar.			

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

1190
SEE
NEXT
FRAME
Form No. 5

*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.