

## (1) PLACE OF BIRTH

County of O. Rangeburg  
 Township of P. Bowman  
 Inc. Town of .....  
 or  
 City of .....

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

(2) Full Name of Child Alvertha Fogle

File No. — For State Register Only  
**43949**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3600Registered No. 78  
 (For use of Local Register)

(No. .... St. .... Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH. <u>Dec 4, 1922</u> <small>(Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME William Fogle  
 (9) PRESENT POSTOFFICE OF FATHER Bowman S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE Rangeburg Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE Bowman S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature Midwife Julia Bowman (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report

(26) Witness S. J. Mark (Signature of witness necessary only when question 23 is signed by mark)

(27) File No. 43949 (28) Local Registrar S. J. Mark

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child dies before or during birth, do not report as stillbirth. Report death of stillbirth.