

1. PLACE OF BIRTH

County of *Williamburg*Township of *Mine*

Inc. Town of

City of

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

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

File No.—For State Registrar Only

54109

Registration District No. *1307* Registered No. *10*
(For use of Local Registrar)

St.; Ward

2. Full Name of Child

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
To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH *March 19* 191*6*
(Name of Month) (Day) (Year)

FATHER.

4. FULL NAME

John Thomas Fowler

5. PRESENT POSTOFFICE OF FATHER

Marriaville

6. COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY *52*
(Years)

7. BIRTHPLACE

Mariboro SC

8. OCCUPATION

Farm & screen

9. Number of children born to mother, including present birth

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Tart

(15) PRESENT POSTOFFICE OF MOTHER

Marriaville

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY *27*
(Years)

(18) BIRTHPLACE

Bennedictville SC

(19) OCCUPATION

Domestic

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was *White*, at *11:15* P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

W. H. Hollis, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Princeton**Marriaville, S.C.*

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 *3/21* 191*6*

(28)

G. E. Grier

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.