

1) PLACE OF BIRTH
 County of Williamston
 Township of Windsor
 or
 Inc. Town of _____
 or
 City of _____

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)

2) Full Name of Child _____
 (No. _____ St.; _____ Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 19</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

8) FULL NAME John Thomas Fowler

9) PRESENT POSTOFFICE OF FATHER Marriaville

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)

12) BIRTHPLACE Marbleboro N.C.

13) OCCUPATION Farm Overseer

14) 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 Bennettsville S.C.

(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) J. W. Hollis, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wesmith, 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 1916 (28) G. E. Jones 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 3.