

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

29307

Name of *Marion*Surnames of *Reeves*

City of

or

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

Registration District No. *3705* Registered No. *83*
(For use of Local Registrar)Full Name of Child *R.M. Fowler* If child is not yet named, make supplemental report as directedSEX OR
GENDER *Boy* (1) Twin or Triplet *-* (2) Number in
order of birth *-* (3) Age
at birth *2* (4) DATE OF
BIRTH *July 21, 1929*
(Month of Birth) (Day) (Year)

FATHER.

(5) FULL
NAME *Robert Marshall Fowler*(6) PRESENT
POSTOFFICE
OF FATHER *Mullins SC*(7) COLOR
OR
RACE *W* (11) AGE AT LAST
BIRTHDAY *45*
(Year)(8) BIRTHPLACE *Marion County SC*(9) OCCUPATION *Farmer*(10) Number of children born to
father, including present birth *12*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Mattie Gordon*(15) PRESENT
POSTOFFICE
OF MOTHER *Mullins SC*(16) COLOR
OR
RACE *W* (17) AGE AT LAST
BIRTHDAY *31*
(Year)(18) BIRTHPLACE *Marion County SC*(19) OCCUPATION *House work*(20) Number of children of this mother
now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *9 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) *H. H. H.* (23) State whether Physician or Midwife *Physician* (24) Signature of Physician or Midwife *M. Mullins SC*Give name added from a supplement-
al report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed *9/10/29* (27) Local Registrar *M. Mullins SC*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

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