

(1) PLACE OF BIRTH

County of Orangeburg

Township of

or Inc. Town of

or City of Orangeburg

(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

31575

Registration District No. 26-aRegistered No. 130

(For use of Local Registrar)

(No. 1125 Broughton St. Ward)(2) Full Name of Child Long Foster

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Sept 1 1922
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Robert Paul Fowler(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Meridian, Miss.(13) OCCUPATION Self. Felt. Typing(20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Marie Sessa(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Rowell Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Vance Whitman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 7 1922

(28) 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.

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