

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1 THE OTHER, No. 2, etc. in question 5

(1) PLACE OF BIRTH
County of Union
Township of
or
Inc. Town of
or
City of Union (No. St. Ward)
(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
2643

Registration District No. 42-A Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child Demus Fowler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1/16</u> (Name of Month) (Day) (Year)
-------------------------------	--	------------------------------	--	--

(8) FATHER FULL NAME <u>Benj. S. Fowler</u> PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Years) (12) BIRTHPLACE <u>Spauldingburg S.C.</u> (13) OCCUPATION <u>over haul</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Pughnee Lambright</u> (14) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>35</u> (Years) (18) BIRTHPLACE <u>Spauldingburg S.C.</u> (19) OCCUPATION <u>Domestic</u>	
--	--	---	--

(20) Number of children born to mother, including present birth <u>9-</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D. H. Moseley
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added to a supplemental report
M. P. W. Moseley
9-8
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2-10-12 (28) D. S. Garrett
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.

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.

RECEIVED BY COLUMBIA, S. C.