

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 6.

## (1) PLACE OF BIRTH

County of HarryTownship of Gardner

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

43283

Registration District No. 2506Registered No. 91

(For use of Local Registrar)

2) Full Name of Child Ernest Marshall Fowler If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Single or Married? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 12 25 1915 (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Marshall Fowler(2) PRESENT POSTOFFICE OF FATHER Tabor N.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Harry Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Collins(15) PRESENT POSTOFFICE OF MOTHER Tabor N.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Harry Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) L. S. Collins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Tabor N.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 Dec 28 1915 (28) L. S. Collins 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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