

(1) PLACE OF BIRTH

County of SummervilleTownship of 11

or

Inc. Town of 11

or

City of 11

(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

42734

Registration District No. 1209Registered No. 447

(For use of Local Registrar)

(No. 11 St. 11 Ward 11)(2) Full Name of Child Joseph Fowler

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 5 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Lee H. Fowler
(9) PRESENT POSTOFFICE OF FATHER Blanch
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41
(Years) (12) BIRTHPLACE S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Josephine MacRae
(15) PRESENT POSTOFFICE OF MOTHER Blanch
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
(Years) (18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jes. J. Walker
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness John May
(Signature of Witness necessary only when question 23 is signed male)(27) Filed Dec 30 1922 (28) Local Registrar John May

*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.