

see Vol 1 no 5741 - 1922

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beach Spring
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

20143

Registration District No. 1008

Registered No. 10
 (For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Virginia Fay Fowler

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

3) BOY OR GIRL Girl 4) Twin or Triplet Given 5) Number in order of birth 1st 6) Are Parents Married Yes 7) DATE OF BIRTH Feb 1 1922
 (Name of Month (Day) (Year))

FATHER

8) FULL NAME Faye Fowler
 9) PRESENT POSTOFFICE OF FATHER Tecumseh SC
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 35 (Years)
 12) BIRTHPLACE N.C.

13) OCCUPATION Mill work

20) Number of children born to mother, including present birth First (5)

MOTHER

14) NAME BEFORE MARRIAGE Mollie Carter
 15) PRESENT POSTOFFICE OF MOTHER Tecumseh SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 35 (Years)
 18) BIRTHPLACE N.C.

19) OCCUPATION Home work

21) Number of children of this mother now living, including present birth First (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A.M. on the date above stated. (Born alive or stillborn. (Hour A.M. or P.M.))

(23) (Signature) J. B. Moore

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Tecumseh SC

Given name printed above as supplemental report

Witness (Signature) J. B. Moore
 (When these words are signed by mark)

When these words are signed by mark

If a child is born

At a case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT as in question 6. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 6.

RECORD OF BIRTHS, COLUMBIA, S. C.