

# CERTIFICATE OF BIRTH

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

No. 11. - For State Registrar Only  
**1919**

PLACE OR BIRTH

County of Anderson  
Municipality of Union  
or  
Town of .....

Registration District No. 400 Registered No. 47  
(For use of Local Registrar)

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

(1) Full Name of Child E. L. R. Fowler If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD girl (3) Date of Birth Jan 29, 1919  
(4) Type of Birth yes (5) Are Parents Married yes  
To be answered only in event of Twin or Triplet

FATHER.  
(6) FULL NAME J. L. S. Fowler  
(7) PRESENT POSTOFFICE OF FATHER White Bluff  
(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 28  
(10) BIRTHPLACE SC  
(11) OCCUPATION Farmer  
(12) Number of children born to father, including present birth 1

MOTHER.  
(13) NAME BEFORE MARRIAGE Lilly Bell Wyatt  
(14) PRESENT POSTOFFICE OF MOTHER White Bluff  
(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 12  
(17) BIRTHPLACE SC  
(18) OCCUPATION Dom.  
(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) [Signature] (22) Address of Physician or Midwife [Address]  
(23) State whether Physician or Midwife [Mark]

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed July 23 (26) Mrs. J. C. White 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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F E E T Y A F I L M