

(1) PLACE OF BIRTH

County of

Township of

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

16776

Registration District No. 4008

Registered No. 122
(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 Thos. G. Fowler

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Curtis E. Fowler

(9) PRESENT POSTOFFICE OF FATHER

Glenndale

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

Glenndale

(13) OCCUPATION

Mechanics

MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia M. Allen

(15) PRESENT POSTOFFICE OF MOTHER

Glenndale

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Glenndale

(19) OCCUPATION

Domestic

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. M. Allen

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Spartanburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15, 1922

(28)

C. H. Parker

Local Registrar

1922 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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