

## (1) PLACE OF BIRTH

County of SpartanburgTownship of .....or  
Inc. Town of .....or  
City of Spartanburg, S.C.

(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

50404

Registration District No. 40-A Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child DELEUN RALPH { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19, 1906 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Whitford H. Fowler(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Sprouse(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Union Co. S.C.(19) OCCUPATION Textile(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 born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys Spartanburg

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when Question 26 is signed by mark)

(27) Filed Mch. 6, 1906 (28) Jas. Cooper 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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