

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Charleston*

STATE OF SOUTH CAROLINA.

File No. — For State Registrar Only

Township of *St. P. St. M.*

Bureau of Vital Statistics
State Board of Health

10368

Inc. Town of

Post-Terminals

Registration District No. *909*

Registered No. *66*
(For use of Local Registrar)

City of

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

(2) Full Name of Child *Mary Ruth Fowler*

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

3) ~~OR~~
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *One*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *4 9 22*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *William T. Fowler*

(14) NAME BEFORE MARRIAGE *Hettie Myrtle Gregory*

(9) PRESENT OFFICE OF FATHER *Post Terminals*

(15) PRESENT OFFICE OF MOTHER *Post Terminals*

(10) HAIR *White* (11) AGE AT LAST BIRTHDAY *38* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38* (Years)

(12) BIRTHPLACE *M.C.*

(18) BIRTHPLACE *Miss S.C.*

(13) OCCUPATION *Cauldrier*

(19) OCCUPATION *House wife*

(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 *S* at *S* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. Homer Bowler*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *North Charleston 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 *April 10 1922* (28) *C. T. Myers* 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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