

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Flamini
Township of Opuch
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

17647

Registration District No. 7010 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child Alga Fowler (If child is not yet named, make supplemental report as directed)

(3) SEX ON girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 year (7) DATE OF BIRTH 6/12/23
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ruthie Fowler
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mechanic

MOTHER.

(14) NAME OF MOTHER Estelle Anderson
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE S.C.
(19) OCCUPATION Homemaker
(20) Number of children born to mother, including present birth 3
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 5:59 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Carrollton She
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia 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 6/20/23 (28) E. L. Montgomery 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.