

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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 5.

McChaw. of Columbia.

(1) PLACE OF BIRTH

County of WmianTownship of Beggsvilleor
Inc. Town of Buffalo

City of

(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

87694

Registered No. 84
(For use of Local Registrar)(2) Full Name of Child James Ardell Fowler

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 21, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Thomas Fowler(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Mill Worker(20) Number of children born to mother, including present birth { 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Millerwood(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. W. A. Murphy(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Buffalo 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 Nov 30 1916(28) Geo. L. Woodward 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.