

(1) PLACE OF BIRTH

County of Greenville
 Township of Fairview
 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

21180

Registration District No. Registered No.
 (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

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 5 (6) Are Parents Married yes (7) DATE OF BIRTH July 12 1923
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Stewart Fowler (14) NAME BEFORE MARRIAGE Lula Pearson

(9) PRESENT POSTOFFICE OF FATHER Fountain S.C. (15) PRESENT POSTOFFICE OF MOTHER St James S.C. & I.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
 (Year) (Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION farmer (19) OCCUPATION farmer + house

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 10.9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson (24) State whether (Physician or Midwife) Physician (25) Address of Physician or Midwife Fountain S.C.

Given name added from a supplement-
 tal report

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

(27) Filed (28) 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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