

## (1) PLACE OF BIRTH

County of YorkTownship of Southhamor  
Inc. Town of .....

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

64510

Registration District No. 2205 Registered No. 41  
(For use of Local Registrar)(2) Full Name of Child Charles Fowler } If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>11</u>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 3 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joe Fowler

(9) PRESENT POSTOFFICE OF FATHER Princeton

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43  
(Years)

(12) BIRTHPLACE Sumner Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Sally Lester

(15) PRESENT POSTOFFICE OF MOTHER Princeton

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 42  
(Years)

(18) BIRTHPLACE Sumner Co. S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Allegan Ballou(24) Princeton (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 9 1916 (28) C. D. Smith  
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.

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.

Cav. of Columbia