

Form No. 1

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of .....  
 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

32178

Registration District No. 10.6 Registered No. 15.2  
 (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 Hena May Fowler

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

3) BOY OR GIRL? girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 18 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Leigh Fowler  
 9) PRESENT POSTOFFICE OF FATHER Murphy  
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 41  
 (Years) 12) BIRTHPLACE SB  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 8

## MOTHER.

14) NAME BEFORE MARRIAGE Mary Jenkins  
 15) PRESENT POSTOFFICE OF MOTHER Murphy  
 16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 36  
 (Years) 18) BIRTHPLACE SB  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. H. H. H.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Murphy

Given name added from a supplemental report

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

(27) Filed Sept 18 22 (28) SB 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.

MAILED RECEIVED FOR BUNDLING.  
 WITH CENSUS INFORMATION IN A PERMANENT RECORD.  
 REGISTERED IN THE BUREAU OF VITAL STATISTICS FOR EACH YEAR.  
 No. 1. THIS OFFICE, No. 2, etc., in question 5.  
 SOUTH CAROLINA, COLUMBIA, S. C.  
 No. 28—2000