

## (1) PLACE OF BIRTH

County of Union  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of Union

(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

32546

Registration District No. 42-A Registered No. 126  
 (For use of Local Registrar)

(2) Full Name of Child Clarence Francis Fowler

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

(3) BOY OR GIRL Girl (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married yes (7) DATE OF BIRTH Sept 15, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Victor Fowler  
 (9) PRESENT POSTOFFICE OF FATHER Union SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (Year)  
 (12) BIRTHPLACE Spaulding Co SC  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Janette Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Union SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE Union Co SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Hoke(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

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

(27) Filed 10 10 22 (28) D. V. Jarrett  
 Registrar 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.