

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 4.

(1) PLACE OF BIRTH

County of ConeeTownship of WedgeInc. Town of HeathCity of Heath

(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

No. 11477

Registration District No. 2543 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Lawrence Fowler

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

| | | | | |
|---------------------------------|------------------------------------------------------------------------------|------------------------------------------|--------------------------------|-----------------------------------------|
| (3) SEX OF CHILD <u>Male</u> | (4) Type or Figure <u>To be entered only in case of Twins or Triplets</u> | (5) Number in order of birth <u>1</u> | (6) Live or Dead <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 6, 1923</u> |
|---------------------------------|------------------------------------------------------------------------------|------------------------------------------|--------------------------------|-----------------------------------------|

| FATHER. | | MOTHER. | |
|-----------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------|
| (8) FULL NAME <u>Mrs. Clifton Fowler</u> | (14) NAME BEFORE MARRIAGE <u>Dana C. Cleveland</u> | (9) PRESENT RESIDENCE OF FATHER <u>Heath</u> | (15) PRESENT RESIDENCE OF MOTHER <u>Heath</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>24</u> | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> |
| (12) BIRTHPLACE <u>S.C.</u> | (13) OCCUPATION <u>Auto Mechanic</u> | (18) BIRTHPLACE <u>S.C.</u> | (19) OCCUPATION <u>House Wife</u> |
| (20) Number of children born to mother, including present birth <u>1</u> | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.(23) (Signature) H. C. Strickland, M.D.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed May 9, 1923 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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