

(1) PLACE OF BIRTH

County of SpurthTownship of B.S.

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400

File No. - For State Registrar Only

22565

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 Alex Fowler

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

(3) Sex <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>July 31 23</u> BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Fowler</u>	(14) NAME BEFORE MARRIAGE <u>Lilla Smith</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wrexford #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)	
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>In SC</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... M.,
(If a stillborn) Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. C. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wrexford #2

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed blank)

(27) July 9 23

(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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