

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
County of Florence  
Township of Lake  
or  
Inc. Town of Lake City  
or  
City of                       
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Edgar Taylor Fowler  
(If child is not yet named, make supplemental report as directed.)

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2008

316

FILE No.—For State Registrar Only

0047

Registered No.                     

(For use of Local Registrar)

St. West Acline Ward 16

3. Boy or Girl Boy If Plural births                      4. Twin, triplet, or other                      5. Number, in order of birth                      6. Premature                      7. Are Parents Married? Yes 8. Date of birth June 11 1916  
(Month, day, year)

9. Full name Joseph Oliver Fowler

18. Name before marriage MOTHER Emma Taylor

10. Residence (mailing address) Lake City, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) Lake City, S. C.  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 39 (Years)

20. Color or race W 21. Age at last birthday 30 (Years)

13. Birthplace (city or place) Manning S.C.  
(State or country)

22. Birthplace (city or place) Marion S. C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Typist & B.keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Tob. Office Store

16. Date (month and year) last engaged in this work Oct. 1 1931 17. Total time (years) spent in this work 18

25. Date (month and year) last engaged in this work Jan. 1 1909 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living                      (b) Born alive but now dead                      (c) Stillborn                     

28. If stillborn, period of gestation                      months                      weeks 29. Cause of stillbirth                      Before labor                      During labor                     

Specify any physical deformities of child at birth None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P. on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed)                     

Given name added from a supplemental report                      (Date of)                     

or                      Midwife Address Jacksonville Fla.

Filed                      1931 Registrar                      NOV 20 1931                      Martin B. Woodward, M. D.

11-20-37