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1. PLACE OF BIRTH
County of FlorenceTownship of Lakeor
Inc. Town of Lake City

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2008(No. 316)

FILE No.—For State Registrar Only

0047

Registered No.

(For use of Local Registrar)

St. West Acline Ward

(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.)

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth..... <u>June 11</u> , 19 <u>16</u> (Month, day, year)
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9. Full name
FATHER
Joseph Oliver Fowler18. Name before marriage
MOTHER
Emma Taylor10. Residence (mailing address)
(If non-resident, give place and State)..... Lake City, S.C.19. Residence (mailing address)
(If non-resident, give place and State)..... Lake City, S. C.11. Color or race..... W12. Age at last birthday..... 39 (Years)20. Color or race..... W21. Age at last birthday..... 30 (Years)13. Birthplace (city or place)
(State or country)..... Manning
S.C.22. Birthplace (city or place)
(State or country)..... Marion
S. C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Bookkeeper23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Typist & B.keeper15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Store24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Tab. Office Store
G. Granite Co.16. Date (month and year) last
engaged in this work
Oct. 1, 193117. Total time (years)
spent in this work..... 1825. Date (month and year) last
engaged in this work
Jan. 1, 190926. Total time (years)
spent in this work..... 427. 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, months weeks 29. Cause of stillbirth.....
period of gestation.....
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.) (Born alive or stillborn)(Signed) Clarence D. RollingGiven name added from
a supplemental report.....
(Date of)or Jacksonville Fla. MidwifeAddress Homey Lake City S.C.Filed Nov 20 1937 Registrar. Martin B. Woodward, M. D.

11-20-37

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)