

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

43493

Registration District No. 3105

Registered No. 159

(For use of Local Registrar)

(2) Full Name of Child Raymond H. Fowler

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

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct. 24, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben J. Fowler

(9) PRESENT POSTOFFICE OF FATHER New Brookland

(10) COLOR OR RACE W- (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Fairfield Co

(13) OCCUPATION Textile

(14) Number of children born to mother, including present birth

One

## MOTHER

(14) NAME BEFORE MARRIAGE Birdie Heron

(15) PRESENT POSTOFFICE OF MOTHER New Brookland

(16) COLOR OR RACE W- (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Lexington Co

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3 P.M. on the date above stated.

(23) (Signature) J. P. Leonard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 4620 Main

Given name added from a supplemental report

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

(27) Filed 1/16/23 J. P. Leonard 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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