

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of DeKalbor
Inc. Town ofor
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

43078

Registration District No. 2701 Registered No. 277
(For use of Local Registrar)(2) Full Name of Child Christina Fowler If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 8 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Andrew Fowler
(9) PRESENT POSTOFFICE OF FATHER Causey
(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 21
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE Ella Bales
(15) PRESENT POSTOFFICE OF MOTHER Causey
(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 20
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen McInnis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 16 19 22 (28) H. H. Nelson
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.