

(1) PLACE OF BIRTH
County of Anderson
Township of Wilmington
or
Inc. Town of Wilmington
or
City of (No.
(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
58426

Registration District No. 3C Registered No. /4
(For use of Local Registrar)

St.: Ward

(2) Full Name of Child Julius Eugene Fowler { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1
(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes (7) DATE OF BIRTH April 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julie Fowler

(9) PRESENT POSTOFFICE OF FATHER Wilmington

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE SL

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. J. Mother

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Delight St.

Given name added from a supplemental report

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(26) Witness

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

(27) Filed May 11, 1916

(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.

fifth month of pregnancy

Otto Johnson Sub R