

(1) PLACE OF BIRTH

County of Union
 Township of Buffalo
 or Town of Buffalo
 or City of Buffalo

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—for State Registrar Only
26502

Registration District No. 42B, Registered No. 90
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH July 29, 1923
 (To be covered only in case of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Benjamin Fowler</u>	(14) NAME BEFORE MARRIAGE <u>Eveline Camp</u>	(9) PRESENT RESIDENCE OF FATHER <u>Buffalo, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Buffalo, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>South Carolina</u>	(18) OCCUPATION <u>Cotton Mill Operative</u>	(19) BIRTHPLACE <u>South Carolina</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>Two</u>	(22) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (live or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Dr. J. H. Anderson
 (25) State South Carolina (26) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report

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

(28) Filed Sept 10, 1923 (29) Dr. J. H. Anderson 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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