

WHEN FATHER, MOTHER, OR CHILD IS A FOREIGNER, THIS IS A FOREIGN BIRTH RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 8.

(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
20277

Registration District No. 4009

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Winfield Fowler

(14) NAME BEFORE MARRIAGE

Mammie Low Brockman

(9) PRESENT POSTOFFICE OF FATHER

Woodruff A. C.

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff A. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Astutub Co

(18) BIRTHPLACE

Astutub Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

21

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

B. J. Workman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phy

Woodruff A. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 12, 1922

(28)

Chas. L. Boyles

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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