

Form No 1.

## (1) PLACE OF BIRTH

County of Horry  
 Township of Green Sea  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43280

Registration District No. 7576 Registered No. 87  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herbert Baily 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5 1915  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pearly Fowler  
 (9) PRESENT POSTOFFICE OF FATHER Labor (NC)  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Horry Co.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Powell  
 (15) PRESENT POSTOFFICE OF MOTHER Labor (NC)  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Horry Co  
 (19) OCCUPATION House wife  
 (20) 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 born at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. T. St. George

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

Midwife

Labor NC

Given name added from a supplemental report

(26) Witness W. J. McInerney  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 5 1915 (28) S. D. Bryant  
 Registrar 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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 5.

McCauley of Columbia