

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
City of Causeuse SC
Registration District No. 4008 Registered No. 655
(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 Betty Lillian Fowler } If child is not yet named, make supplemental report as directed.

(3) SEX Female (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE BIRTH Aug 10 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Lon Fowler
(9) PRESENT POSTOFFICE OF FATHER Causeuse SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Mill work
(14) Number of children born to father, including present birth Five

MOTHER
(14) NAME BEFORE MARRIAGE Bulah Pogwell
(15) PRESENT POSTOFFICE OF MOTHER Causeuse SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 12 20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Arthur L. Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Causeuse SC

After name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 16 1916 (28) O. F. Parker Local Registrar
When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.