

(1) PLACE OF BIRTH

County of
Township of
or
the Town of
City of

Spartanburg
Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79324

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 *Bobby Luther Fowler* } If child is not yet named, make supplemental report as directed.

BOY OR GIRL *B* (4) Twin or Triplet? *1* (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 10 1916*
(Name of Month) (Day) (Year)

FATHER'S
(8) FULL NAME *Fon Fowler*
(9) PRESENT POSTOFFICE OF FATHER *Caucesse 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 mother, including present birth *5*

MOTHER
(14) NAME BEFORE MARRIAGE *Bulah Paywell*
(15) PRESENT POSTOFFICE OF MOTHER *Caucesse 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 *3*

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 Johnson*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Caucesse SC*

After name is added from a supplemental report
3/17/16 191
MBW
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
(27) File *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.

Birth month of pregnancy