CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20142

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beech Springs
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4000B Registered No. 11
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	Twin	2nd	Yes	Feb 1, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Tom Fowler	(14) NAME BEFORE MARRIAGE	Mollie Coker
(9) PRESENT POSTOFFICE OF FATHER	Tucapau S	(15) PRESENT POSTOFFICE OF MOTHER	Tucapau S
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	33
(12) BIRTHPLACE	N. C.	(18) BIRTHPLACE	N. C.
(13) OCCUPATION	Mill work	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	Five (5)	(21) Number of children of this mother now living, including present birth	Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 20 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S B Moore

(24) State whether Physician or Midwife Phy

(25) Address of Physician or Midwife Tucapau S

Given name added from a supplemental report

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

(27) Issued ..... (28) S B Moore 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 be reported as a [illegible]. No report is desired of stillborn before the fifth month of [illegible].

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.

MEDAL OF COLUMBIA, COLUMBIA, S. C.