

(1) PLACE OF BIRTH

County of South Carolina
 Township of Beaufort
 or Inc. Town of Beaufort
 or City of at the home

CERTIFICATE OF BIRTH

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

Registration District No. 201

31370

Registered No. 42
 (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 Ella May Kepner If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER girl (4) Type or Triplet No (5) Number in order of birth 1 (6) Age at birth 20 (7) DATE OF BIRTH Dec 31 (8) (Name of Month) (Day) (Year)

FATHER. (9) FULL NAME Walter Kepner (10) PRESENT RESIDENCE OF FATHER Beaufort, S.C. Route 2 (11) COLOR OR RACE white (12) BIRTHPLACE Anderson Co. S.C. (13) OCCUPATION farmer (14) NAME BEFORE MARRIAGE Miss Tillie Kepner (15) PRESENT RESIDENCE OF MOTHER Beaufort, S.C. Route 2 (16) COLOR OR RACE white (17) BIRTHPLACE Anderson Co. S.C. (18) OCCUPATION farmer (19) Number of children born to mother, including present birth 17 (20) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 o'clock M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Midwife 24 Annie Linn (23) State whether Physician or Midwife (24) Address of Physician or Midwife

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Dec 10 1923 (27) 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.

NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.