

## (1) PLACE OF BIRTH

County of CherokeeTownship of White Plains

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1007 Registered No. 23

(For use of Local Registrar)

(No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eddie Epps If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept. 2, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

E. E. Epps

(9) PRESENT POSTOFFICE OF FATHER

R. L. Yancy, Jr.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

14-0

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER

R. L. Yancy, Jr.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Hand

(21) Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Littlejohn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeR. L. Yancy, Jr.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 23, 1923(28) E. E. Epps

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.