

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of

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

File No. - For State Registrar Only
22471

Registration District No. **39.03** Registered No. **42**
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL	4) Type or Triplet	5) Number in order of birth	6) Are Parents Married	7) DATE OF BIRTH
		4	<input checked="" type="checkbox"/>	July 30, 1922 (Month of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME	9) PRESENT POSTOFFICE OF FATHER		10) NAME BEFORE MARRIAGE	11) PRESENT POSTOFFICE OF MOTHER
William J. Eppin	Selma S.C.		Laura Davis	Selma S.C.
12) COLOR OR RACE	13) BIRTHPLACE	14) OCCUPATION	15) COLOR OR RACE	16) BIRTHPLACE
White	Way County N.C.	Foreman Lumber Plant	White	
17) AGE AT LAST BIRTHDAY	18) AGE AT LAST BIRTHDAY	19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BORN	20) NUMBER OF CHILDREN OF THIS FATHER INCLUDING PRESENT BORN	
62	2	2	4	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour) (Day) (Month) (Year)
(23) (Signature) **J. N. Miller, M.D.**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Selma S.C.**

Given name added from a supplemental report	(26) Witness	(27) Filed	(28) Local Registrar
	(Signature of Witness necessary only when question 23 is signed by mark)	Aug. 2, 1923	Marion Grant

*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.
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