

(1) PLACE OF BIRTH

County of

Township of

Inr. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
22471Registration District No. 39.03 Registered No. 42
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

BIRTH July 30 1943
(Month of Month) (Day) (Year)

FATHER.

8) FULL NAME

William J. Eppin

9) PRESENT POSTOFFICE OF FATHER

Salem S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

62
(Years)

12) BIRTHPLACE

Way County N.C.

13) OCCUPATION

Foreman Lumber Plant

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

4

MOTHER.

14) NAME BEFORE MARRIAGE

Laura Davis

15) PRESENT POSTOFFICE OF MOTHER

Salem S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

42
(Years)

18) BIRTHPLACE

19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...
on the date above stated.

(Born alive or stillborn) (Name Address P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 9 1943

(28) Maria Grant
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.

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