

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>"</u> or Inc. Town of <u>"</u> City of <u>Charleston</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar <b>76052</b>	
(2) Full Name of Child <u>Thymon L. A. Aepfen</u>		Registration District No. <u>9A</u>		Registered No. <u>1049</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 27</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER <u>Shep Aepfen</u>			MOTHER <u>Anna Lederman</u>		
(8) FULL NAME <u>Shep Aepfen</u>			(14) NAME BEFORE MARRIAGE <u>Anna Lederman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Europe</u>			(18) BIRTHPLACE <u>Europe</u>		
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Dom</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child who was <u>Alive</u> at <u>11:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) (23) (Signature) <u>Ray A. Aepfen</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>7 McLevins</u>					
Given name added from a supplemental report _____, 191____ _____ Registrar			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>10/4</u> 191 <u>6</u> (28) <u>James G. Smith</u> 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.

State of South Carolina  
County of Charleston

Personally appeared before me a Notary Public of  
South Carolina, Sarah Alpern, who being duly sworn,  
deposes and says:

That she is the Mother of Hyman Irving Alpern, born in  
Charleston on September 24, 1916, birth record # 94/1049,  
in the Charleston Health Department.

That the Doctor, **K. I.** Pearlstine, duly reported this record  
but made an error in the mothers maiden name and that the  
spelling of this should be SARAH LEDERMAN instead of Sara  
Leetermon: That the spelling of the childs name is HYMAN IRVING  
ALPERN, instead of Hymon I. Alpen and that the Fathers surname  
is ALPERN instead of Alpen: That she wishes these corrections to be  
made on the original record and that the above is a true and  
correct statement of fact.

*Sarah Alpern*  
66 St Philip St.

Sworn to and subscribed before me  
this the 26th day of July, 1939

*Anna H. Regan*  
Notary Public, S. C.  
Commission  
expires at the pleasure of the Governor