

Form No. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Mauldin

Inc. Town of

City of

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

(2) Full Name of Child A.P. EppsFile No.—For State Registrar Only
64509

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2205 Registered No. 40

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 1</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Broaden Epps</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Pelzer R H</u>	
(10) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Rhodie Davenport</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer H</u>	
(16) COLOR OR RACE <u>white</u>	
(18) BIRTHPLACE <u>S.C.</u>	
(19) OCCUPATION <u>at home</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Stoddard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pelzer

Given name added from a supplemental report

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Registrar

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

(27) Filed June 3 1916 (28) C. O. Smith 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.

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.