

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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. *Bessie Epura*

File No. For State Registrar Only

92018

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4107*Registered No. *131*

(For use of Local Registrar)

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? **(5) Number in order of birth **

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Dec 30

(Name of Month) (Day) (Year)

(8) FULL NAME

Robt Epura

(9) PRESENT POSTOFFICE OF FATHER

Shiloh S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farming

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

5

(14) NAME BEFORE MARRIAGE

MOTHER.

Sarah Mills

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housekeeper

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was *Alive* at *1* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lizzie X. Bussal

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Shiloh Po*

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 *1231* 1916

(28)

S.B. McEwen

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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