

(1) PLACE OF BIRTH

County of Marion

Township of

Inc. Town of Mullins

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3710

No. for State Register Card

20227Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Fitzhugh Capps

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

(3) SEX OF CHILD Boy

(4) Type of Infant

(5) Number in order of birth

(6) Age of Mother yo(7) DATE OF BIRTH April 15, 1928
(Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME Hartford Capps(9) PRESENT POSTOFFICE OF FATHER Mullins S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Marion County

(13) OCCUPATION

Merchant

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

4

MOTHER

(15) NAME BEFORE MARRIAGE

Edna M. M. M.

(16) PRESENT POSTOFFICE OF MOTHER

Mullins S.C.(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 23
(Years)

(19) BIRTHPLACE

Marion County

(20) OCCUPATION

House Wife

(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 born alive 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)(23) (Signature) Frank M. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Signed

6/18/28 J. M. Schuyler
(Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make and 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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