

(1) PLACE OF BIRTH

County of Marion
Township of
or
Inc. Town of Mullins
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

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

Registration District No. 3719
(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 Twins (5) Number in order of birth (6) Sex of Parent yes (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
(12) BIRTHPLACE Marion County
(13) OCCUPATION Merchant
(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Edna Mealy
(16) PRESENT POSTOFFICE OF MOTHER Mullins S.C.
(18) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(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 M., on the date above stated. (Born alive or stillborn) (Boy, G. M. or P. M.)

(23) (Signature) Frank J. Martin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Filed 6/18 19 28 J. M. Schuyler 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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