

(1) PLACE OF BIRTH

County of Newville
 Township of Paris
 or
 Inc. Town of Newville
 or
 City of Newville

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

File No.—For State Registrar Only

26475

Registration District No. 2214 Registered No. 36
 (For use of Local Registrar)

(No. 1) 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

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>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>4-30-22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>John Landrum Epps</u>			14) NAME BEFORE MARRIAGE <u>Willie May Reed</u>	
9) PRESENT POSTOFFICE OF FATHER <u>1740 # 1</u>			15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>age 17</u>	
13) OCCUPATION <u>farmer</u>			19) OCCUPATION <u>house</u>	
20) Number of children born to mother, including present birth <u>1</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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 1 1922 (28) John B. Heeter
 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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