

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

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

(2) Full Name of Child Priscilla Epsthatin

(3) BOY OR GIRL Boy (4) Twin or Triplet Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME C. P. Epsthatin
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE Asia Minor
 (13) OCCUPATION Box Office
 (14) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Catherine Scott
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Asia Minor
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 11 1923

(28)

Local Registrar C. E. Smith

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.