

(1) PLACE OF BIRTH

County of Hamburg.....
 Township of Monrovia.....
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 5458

Registration District No. 42A6 Registered No. 14.....
 (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 John Epps..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH July 11 1928
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elliot Epps
 (9) PRESENT POSTOFFICE OF FATHER Kingston Se
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Hamburg Co Se
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Nattie Fulton
 (15) PRESENT POSTOFFICE OF MOTHER Kingston Se
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE Hamburg Co Se
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 8

(20) Number of children born to mother, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ehira Fulton
 (24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Kingston Se

Given name added from a supplemental report

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

(27) Filed July 27 1928 (28) J. J. F. Harrison 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.