

## (1) PLACE OF BIRTH

County of Wm.burgTownship of Monrovia

Inc. Town of .....

City of .....

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

(2) Full Name of Child Samuel Harrison Epps

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

(3) SEX OF CHILD Boy(4) Twin or Triplet No(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH Nov 6 1923(8) NAME BEFORE MARRIAGE Susan Coward(9) PRESENT POSTOFFICE OF FATHER New Zion S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 46(12) BIRTHPLACE Wm.burg Co. S.C.(13) OCCUPATION Logging for Saw Mill(14) PRESENT POSTOFFICE OF MOTHER New Zion(15) COLOR OR RACE White(16) AGE AT LAST BIRTHDAY 23(17) BIRTHPLACE Florence Co. S.C.(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth 1(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at S.A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. H. Fulton(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Kingston S.C.(25) Witness E. H. Fulton(26) Signature of Witness necessary only when question 23 is signed by male E. H. Fulton(27) Filed Nov 15 1923 (28) E. H. Fulton Local Registrar

(29) 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.

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

File No.—For State Registrar Only  
**37973**

Registration District No. 4306 Registered No. 68  
 (For use of Local Registrar)

(No. .... St. .... Ward)

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(8) NAME BEFORE MARRIAGE Susan Coward

(9) PRESENT POSTOFFICE OF FATHER New Zion S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46

(12) BIRTHPLACE Wm.burg Co. S.C.

(13) OCCUPATION Logging for Saw Mill

(14) PRESENT POSTOFFICE OF MOTHER New Zion

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 23

(17) BIRTHPLACE Florence Co. S.C.

(18) OCCUPATION House wife

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(22) (Signature) E. H. Fulton

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Kingston S.C.

(25) Witness E. H. Fulton

(26) Signature of Witness necessary only when question 23 is signed by male E. H. Fulton

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