

(1) PLACE OF BIRTH

County of SumterTownship of Shiloh

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66462

Registration District No. 4-197 Registered No. 68

(For use of Local Registrar)

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

2) Full Name of Child Everhine Epfor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 27, 1916</u>
<small>To be recorded only in case of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

FATHER.

(8) FULL NAME George H. Howell(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Sumter - S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Hester Epfor(16) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 21 (Years)(19) BIRTHPLACE Sumter S.C.(20) OCCUPATION Housework(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 Alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lizzie A. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Shiloh, S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed or marked)

(27) Filed 7-5-1916 (28) S. E. McElveen 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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Form No. 10.
 WHEN PLACED IN CASE OF TWINS OR TRIPLETS, THIS IS A RETURN FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.

McElveen, of Columbia

McElveen