

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of Hiocodia

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50447

Registration District No. 4000B Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child: Thomas Harrison Epting(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 27 1916

MOTHER.

(8) FULL NAME John C. Epting (14) NAME BEFORE MARRIAGE Maggie Mitchell(9) PRESENT POSTOFFICE OF FATHER Hiocodia SC (15) PRESENT POSTOFFICE OF MOTHER Hiocodia SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Charke (18) BIRTHPLACE Union Co. Miss(13) OCCUPATION Salesman (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (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 3 PM (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. H. Hester(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

June 29 1916LowmillerState Registrar

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

(27) Filed Mar 16 1917 (28) L. E. Hester 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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FIRST-CORNER, No. 1, THE OTHER, No. 2, etc., in question 3.

McCaw, of Columbia.