

(1) PLACE OF BIRTH

County of *Sumter*Township of *Swallow*

Inc. Town of

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

74901

Registration District No. *H.1.P.4* Registered No. *9.9*

(For use of Local Registrar)

(2) Full Name of Child *Patricia Lee Epps* { If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <i>Female</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at Birth <i>27</i>	(7) DATE OF BIRTH <i>Aug. 2, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>William Epps</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)
(9) PRESENT POSTOFFICE OF FATHER <i>Tudal DC</i>	
(10) COLOR OR RACE <i>Brown</i>	(12) BIRTHPLACE <i>Sumter Co</i>
(13) OCCUPATION <i>Farmer</i>	
(20) Number of children born to mother, including present birth <i>Three</i>	

MOTHER.

(14) NAME BEFORE MARRIAGE <i>Hunter Charles</i>	(17) AGE AT LAST BIRTHDAY <i>17</i> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <i>Tudal DC</i>	
(16) COLOR OR RACE <i>Brown</i>	(18) BIRTHPLACE <i>Sumter Co</i>
(19) OCCUPATION <i>House and Farm Work</i>	
(21) Number of children of this mother now living, including present birth <i>Two</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *8 9* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Emma T. Stokes*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Tudal DC

Given name added from a supplemental report

(26) Witness *Thomas Brogdon*

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

(27) Filed *Aug 11 1916* (28) *James Brogdon* 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.