CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 9318

(1) PLACE OF BIRTH
County of Sumter
Township of Shiloh
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4107 Registered No. 26 (For use of Local Registrar)
(No. ..... St. ..... Ward)

(2) Full Name of Child Mary Jane Epsie
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Mar. 6 1924 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Isac Epsie
(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Dudley McNight
(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Sumter Co
(19) 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 (Born alive or stillborn) at 10 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie X Epsie
(24) State whether Physician or Midwife Mid wife
(25) Address of Physician or Midwife Shiloh S.C.

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by a mark)
(27) Filed 3-18 1924 (28) L. R. M. Edwards
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.

Use this blank only when a separate blank for each child, and write the "FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.
Mecca of Columbia, Columbia, S. C.