

(1) PLACE OF BIRTH

County of AndersonTownship of Brushy Forkor
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19800

Registration District No. 302 Registered No. 45
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Maurice S. Pepper (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL?

Boy

4 Twin or Triplet?

To be answered only in event of Twin or Triplet

5 Number in order of birth

6 Are Parents Married?

Yes

(7) DATE OF BIRTH

BIRTH July 26, 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Adrian Guinan Pepper

9 PRESENT POSTOFFICE OF FATHER

Brushy Fork

10 COLOR (OR RACE)

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

12 BIRTHPLACE

Anderson S.C.

13 OCCUPATION

Farming

20 Number of children born to mother, including present birth

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Elena Gray

(15) PRESENT POSTOFFICE OF MOTHER

Brushy Fork

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Brushy Fork

(19) OCCUPATION

House work

(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 6 P.M.
on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

Phys

(25) Address of Phys. or Midwife

Brushy Fork

(When name added from a supplemental report)

Garnie L. Carey
Oct 19, 1923
Register

(26) Witness

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

(27) Filed Aug 11, 1923(28) [Signature]

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.