

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Sant

Inc. Town of

(City of

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

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

3. BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in event of Twin or Triplet

FATHER.

6. FULL NAME Moses Pepper
7. PRESENT POSTOFFICE OF FATHER Piedmont, S.C. Rt. 4
10. COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Year)
12. BIRTHPLACE S.C.
13. OCCUPATION Farming
20. Number of children born to mother, including present birth 1 3

(8) Are Parents Married? Yes

9. DATE OF BIRTH Feb 2, 1923
(Name of Month) (Day) (Year)

MOTHER.

14. NAME BEFORE MARRIAGE Mary Makin
15. PRESENT POSTOFFICE OF MOTHER Piedmont, S.C. Rt. 4
16. COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)
18. BIRTHPLACE S.C.
19. OCCUPATION Domestic
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 alive or stillborn at 6 P. M. on the date above stated. (Hour - A. M. or P. M.)

(23) (Signature) Josephine Pepper(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Piedmont, S.C. Rt. 4

(Given name added from a supplemental report)

(26) Whom

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 9, 1923(28) 13(29) 13(30) 13(31) 13

19 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.