(1) PLACE OF BIRTH

County of Hampton

Township of Mongolo

or

Inc. Town of .....

or

City of ..... (No. ..... St.) ..... Ward)

(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
44330

Registration District No. 4306 Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child Unnamed

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Twins Married? Yes

(7) DATE OF BIRTH Sept 26 1925 (Month) (Day) (Year)

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Primus Epps | (14) NAME BEFORE MARRIAGE Minnie Jones |
| (9) PRESENT POSTOFFICE OF FATHER Kingstree SC | (15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C |
| (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years) | (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years) |
| (12) BIRTHPLACE Hamburg Co SC | (18) BIRTHPLACE Hamburg Co S C |
| (13) OCCUPATION Farming | (19) OCCUPATION House wife |
| (20) Number of children born to mother, including present birth 7 | (21) Number of children of this mother now living, including present birth 6 |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Still born (Born alive or stillborn) at 9 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Elvira Fulton

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Kingstree SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Jan 25 1926 (28) J. T. Grimson
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is required of a fetal death before the fifth month of pregnancy.

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.