

(1) PLACE OF BIRTH

County of Spartanburg

Township of Stateburg

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53940

Registration District No. 4109 Registered No. 20

(For use of Local Registrar)

(No. ... SL: ... Ward) If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mary Alice Epperson } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH 3 20 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Epperson

(9) PRESENT POSTOFFICE OF FATHER Dalziel S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Thompson

(15) PRESENT POSTOFFICE OF MOTHER Dalziel S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Keeper

(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lynna X Lewis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Dalziel S.C.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 3/20 1916 (28) A. A. Neely 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.

Form No. 10. SOUTH CAROLINA. MARRIAGE, DIVORCE, SEPARATION, DECEASE, BIRTH, DEATH, AND FETTERMAN'S RECORDS. THIS CARD WHEN FILLED IN, WITH FEES, SHOULD BE KEPT IN A SEPARATE BOOK FOR EACH YEAR, AND MARKED AS SUCH. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BOOK FOR EACH CHILD. MARK THE MARRIAGE, DIVORCE, SEPARATION, DECEASE, BIRTH, DEATH, AND FETTERMAN'S RECORDS. No. 1. THE OTHER NO. 2. COE. IN QUESTION 3.