

(1) PLACE OF BIRTH

County of SpartanburgTownship of Stateburg

Inc. Town of

City of

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 Only

53940

Registration District No. 4109Registered No. 20

(For use of Local Registrar)

St.: Ward:

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH 3 30 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.

(15) NAME BEFORE MARRIAGE Elizabeth Thompson(16) PRESENT POSTOFFICE OF MOTHER Dalziel S.C.(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 41

(Years)

(19) BIRTHPLACE S.C.(20) OCCUPATION House Keeper(21) 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 A.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 Midwife(25) Address of Physician or Midwife Dalziel S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/30

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.

BIRTH NO. 10.
 MARY, of Columbia
 MARGIN RESERVED FOR BUREAU USE.
 WHEN PLAIN, WITH LEADING IN, THIS IS A PERMANENT RECORD.
 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 3.