

Form No. 10.
WHITE PLAINLY, WITH UNFADING INK.—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 8.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Mouzon*

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

44969

Inc. Town of Registration District No. *4806* Registered No. *113*
(For use of Local Registrar)
City of (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. *Solomon Epps* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 31 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Dave Epps*
(9) PRESENT POSTOFFICE OF FATHER *Kingstree*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *28* (Years)
(12) BIRTHPLACE *Williamsburg Co. S.C.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rose Broadwater*
(15) PRESENT POSTOFFICE OF MOTHER *Kingstree*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *30* (Years)
(18) BIRTHPLACE *Williamsburg Co. S.C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *2 o'clock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elvira* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Jan 1 1916* (28) *J. T. Harrison* 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.

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