

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

McCOMB OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75257

(1) PLACE OF BIRTH
County of York
Township of Fort Mill
OR
Inc. Town of Fort Mill S.C. Registration District No. 4406 Registered No. 62
OR
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 Epps { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH August 13, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Epps
(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)
(12) BIRTHPLACE Fort Mill S.C.
(13) OCCUPATION Mail Operative
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Shivers
(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
(Years)
(18) BIRTHPLACE Fort Mill S.C.
(19) OCCUPATION House wife
(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 born alive at 7 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. Theo Kelly, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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....., 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9-5-1916 (28) A. L. Parks 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.