

(1) PLACE OF BIRTH

County of FlournoyTownship of Math

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

20987

Registration District No. 2012 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Rosalee Grimsley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married No (7) DATE OF BIRTH July 15 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Clyde Evans</u>	(14) NAME BEFORE MARRIAGE <u>Inez Grimsley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cowards SC 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Scranton SC 4</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>So. Car</u>	(18) BIRTHPLACE <u>So. Car</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u></u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 7 a. m. on the date above stated.(23) (Signature) Martha Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton, SC 4

Given name added from a supplemental report

(26) Witness A. J. Kelley (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 7-24-23 (28) A. J. Kelley Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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FIRST-BORN N. No. 1. THE OTHER, No. 2. etc. In question 1.

McKay of Columbia