

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

(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 HealthFile No. 40197Registration District No. 29-A Registered No. 44
(For use of Local Registrar)(No. 523 W. Evans St.) Ward)(2) Full Name of Child Millard F. Evans, Jr. If child is not yet named, make supplemental report as directed1) BOY OR GIRL Boy 2) Sex Male 3) Date of Birth 12-29-1923
(Name of Month) (Day) (Year)

FATHER.

4) Full Name Millard F. Evans, Sr.5) Present Postoffice of Father Florence6) Color or Race White 7) Age at Last Birthday 29
(Year)8) Birthplace McAllensville, S.C.9) Occupation Classman10) Number of children born to mother, including present birth Two

MOTHER.

11) Name before Marriage Emma Lipscomb12) Present Postoffice of Mother Florence13) Color or Race White 14) Age at Last Birthday 28
(Year)15) Birthplace Norfolk, S.C.16) Occupation X17) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:25 P.M.
on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(23) (Signature) W. H. Evans, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence, S.C.

(If name added from a supplemental report)

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

(27) Filed Jan. 7, 1924 (28) P. H. Prichard
Registrar 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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