

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. D.—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.

RECEIVED BY CLERK OF COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson  
(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

Registration District No. 34

File No.—For State Registrar Only  
157

Registered No. 19  
(For use of Local Registrar)

(2) Full Name of Child Charles E. Evans

(No. SL Ward SL)  
(If child is not yet named, make supplemental report as directed)

(3) ☒ BOY ☐ GIRL (4) Twin or Triplet (5) Number in order of birth (6) Age Parents Married yes (7) DATE OF BIRTH Jan 25 1922  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME John G. Evans  
(9) PRESENT POSTOFFICE OF FATHER Anderson  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Med. Sgt.  
(20) Number of children born to mother, including present birth 5

MOTHER  
(14) NAME BEFORE MARRIAGE Lida Kay  
(15) PRESENT POSTOFFICE OF MOTHER Anderson  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 11:15 M., on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) William H. Evans  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed 19 (28) 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.

and breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If Registrar this return  
Births