

(1) PLACE OF BIRTH

County of Florence
Township of Lake

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52187

Inc. Town of or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 7029 Registered No. 21
(For use of Local Registrar)(2) Full Name of Child Linwood Evans { 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 BIRTH Mar 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Evans(9) PRESENT POSTOFFICE OF FATHER Scranton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Florence, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Miles(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Scranton, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Hanna(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 3/18/16 (28) R. L. Carter 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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