

In Hall
Not Reg.
12-4-48-jht

16 093387

Form No. 3

1. PLACE OF BIRTH

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

FILE No. For State Registrar Only

County of Chesterfield

Township of _____

or
Inc. Town of _____

or
City of Angelus SC

Registration District No. 1204

Registered No. _____
(For use of Local Registrar)

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 Ella Evans

{ If child is not yet named, make supplemental report as directed.

3. ~~NOT~~ OR GIRL 4. Twin or Triplet? ☒ 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH Oct. 17 1946
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Patrick Henry Evans

9. ADDRESS AT CHILD'S BIRTH Near Angelus SC

10. COLOR OR RACE white 11. AGE AT CHILD'S BIRTH 24 (Years)

12. BIRTHPLACE Angelus SC

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Mal. Roberson

15. ADDRESS AT CHILD'S BIRTH Angelus SC

16. COLOR OR RACE white 17. AGE AT CHILD'S BIRTH 20 (Years)

18. BIRTHPLACE Angelus SC

19. OCCUPATION Domestic

21. Number of children by 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 X.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

23. Signature Samuel Gregory M.D. 24. State whether Physician or Midwife 25. Address of Physician or Midwife Centenary SC

Given name added from a supplemental report

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

27. Filed Dec. 17 1948 28. Thos. P. Lesesne 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

jht

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.