

## (1) PLACE OF BIRTH

County of Sumter, S.C.Township of .....or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Marion Evans

File No.—For State Registrar Only

2568

Registration District No. 41A Registered No. 12

(For use of Local Registrar)

(No. Twelve Hospital St.; ..... Ward)

[If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 - 1922

To be answered only in event of Twins or Triplets

MOTHER

(8) FULL NAME John Leewood Evans(14) NAME BEFORE MARRIAGE Mildred Boone(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Chesterfield, S.C.(18) BIRTHPLACE Wadesboro, N.C.(13) OCCUPATION Welder(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John Marion Evans at 9 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Wm. P. Sumner, M.D.(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 20 - 1922 (28) Wm. P. Sumner Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be recorded as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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