

(1) PLACE OF BIRTH

County of AikenTownship of Langley

Inc. Town of

or

City of

(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

File No.—For State Register Only

30796

Registration District No. 717A Registered No. 138
(For use of Local Registrar)Full Name of Child Jessie Evers (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL

Boy

(4) Twin or triplet?

No

(3) Number in order of birth

1

(5) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 21 23

(Name of Month) (Day) (Year)

(8) FULL NAME

William Leroy Evers

(9) PRESENT POSTOFFICE OF FATHER

Bath, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

N. C.

(13) OCCUPATION

Millworker

(14) HAVE BEFORE MARRIAGE

None

(15) PRESENT POSTOFFICE OF MOTHER

Bath, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Bath, S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

4(21) I hereby certify that I attended the birth of this child, who was white, on Oct 21 23, at Bath, S.C., (Near A. M. or P. M.)(22) (Signature) L. B. Boone

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Langley, S.C.

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

J. W. Spradley(26) Filed Nov 9 1923 (27) J. W. Spradley 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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