

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Lancaster  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

Registration District No. 3904

File No.—For State Registrar Only

11822

Registered No. 37  
(For use of Local Registrar)

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

(2) Full Name of Child Mark Evans

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 \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH April 17, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Pellin Evans  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC #3  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Year)  
 (12) BIRTHPLACE Lancaster Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 10

## MOTHER

(14) NAME BEFORE MARRIAGE Nelly Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC #3  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Year)  
 (18) BIRTHPLACE Lancaster Co SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dwight D. Davis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster Co

Given name added from a supplemental report

(26) Witness John B. Davis  
 (Signature of Witness necessary only when question 23 is signed by father)  
 (27) Filed 19 (28) Local Registrar John B. Davis

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.