

## (1) PLACE OF BIRTH

County of UnionTownship of F. Lake Viewor  
Inc. Town of Carlisleor  
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 Registrar Only

92091

Registration District No. 4203Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Ernest M. 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 OF BIRTH Dec 8 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest M. Evans(9) PRESENT POSTOFFICE OF FATHER Carlisle, Newberry SC.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 16 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Grocery Merchant(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Matilda Weaver(15) PRESENT POSTOFFICE OF MOTHER Newberry SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 5:40 A on the date above stated. (Hour A. M. or P. M.)(23) (Signature) P. H. Surber

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Union 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 8 1916 (28) P. H. Surber Local RegistrarWhen 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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