

(1) PLACE OF BIRTH

County of Murphy

Township of F. Lake Haven

or Inc. Town of Cerulis

or City of .....

(If birth occurs in a hospital or other institution, give name of same. St. .... Ward)

### 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. 4203

Registered 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? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 8</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Ernest M. Evans

(9) PRESENT POSTOFFICE OF FATHER Newberry SC.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (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. J. Fisher

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC.

Given name added from a supplemental report  
....., 191.....  
Registrar

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

(27) Filed Dec 8 1916 (28) P. J. Fisher 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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No. 1. THIS OFFICE, NO. 2. COL. IN WASH. DISTRICT-HOIN, NO. 3. COLUMBIA