

(1) PLACE OF BIRTH

County of AbbeTownship of One westor
Inc. Town ofor
City of

(No. St. Ward) (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

75354

Registration District No. 106 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child No name (Stillborn) If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

West E. Evans

(9) PRESENT POSTOFFICE OF FATHER

Homer Path S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

27

(12) BIRTHPLACE

Abbe Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

Lumiee Barish

(15) PRESENT POSTOFFICE OF MOTHER

Homer Path S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) West E. Evans

(24) State whether Physician or Midwife

Father

(25) Address of Physician or Midwife

Homer Path S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) Filed Sept 15-16 191....(28) J. C. Tribble Jr. 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.