

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child Margaret Evans(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 10, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Evans(9) PRESENT POSTOFFICE OF FATHER Jessison(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Harris(15) PRESENT POSTOFFICE OF MOTHER Jessison(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kirkham S.C.

Given name added from a supplemental report

(26) Witness

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

(27) SEP

Registrar

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30840

Registration District No. 2700Registered No. 118
(For use of Local Registrar)

(No.)

St.: Word)

If child is not yet named, make supplemental report as directed

Form No. 1—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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.