

(1) PLACE OF BIRTH  
 County of Florence  
 Township of Yours Bay  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ....  
 (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 Registration  
**46239**

Registration District No. 2014 Registered No. 5  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Ethel Evelyn } If child is not named, make supplemental report as directed

(3) Girl OR (4) Twin or Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Jan 28 1916  
To be answered only in event of Twins or Triplets  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Anthony Evelyn  
 (9) PRESENT POSTOFFICE OF FATHER Bannockburn Sc.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Florence Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ethel Evelyn  
 (15) PRESENT POSTOFFICE OF MOTHER Bannockburn Sc.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Florence Co  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth } 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) James B. ...  
 (24) State whether Physician or Midwife } (25) Address of Physician or Midwife  
Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled Jan 30 1916 (28) D. O. Rice Local Registrar

FORM NO. 10. 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 N. No. 1. THE OTHER N. No. 2, etc., in question 5. McCaw of Columbia.

\*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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