CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
62942

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or Inc. Town of ..... Registration District No. 0 H Registered No. 207 (For use of Local Registrar)

or City of Anderson (No. 14 Hammett St.; ..... Ward)

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

(2) **Full Name of Child** Gladus Ezma Evans — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June, 24, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James C Wright

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE And Co S C

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Ann Evans

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE And Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:15 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. L. Smalley M.D.

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Anderson 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 ..... 191.... (28) J. B. Taylor 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.

Registrar | Local Registrar

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WRITE PLAINLY. WHEN LINE ABOVE INK—THEN IN A MOSQUITO BLANK. For each child, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.