

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.

Model of Columbia, Columbia, S. C.

Form No. 3

(1) PLACE OF BIRTH

County of Florence
Township of
or
Inc. Town of
or
City of Florence
(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
34343

Registration District No. 20-A Registered No. 330
(For use of Local Registrar)
(No. 315 & Evans St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Eugene Thomas Evans

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/4/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Oscar W. Evans</u>			(14) NAME BEFORE MARRIAGE <u>Evelyn Boyett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Horry Co. S.C.</u>			(18) BIRTHPLACE <u>Cumberland Co. N.C.</u>	
(13) OCCUPATION <u>Yulman - P. R.</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Boy, Girl, or P. M.)

(23) (Signature) E. H. [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(27) Filed 10-10-22 P. H. Brighaw
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.