

Form No. 1

(1) PLACE OF BIRTH

County of Sumner
 Township of Mayesville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. -- For State Registrar

4307

Registration District No. H. 2 Registered No. 86
 (For use of Local Registrar)

City of (No. 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 W. H. Manned

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

(3) SEX OR CHILD Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Oct-8 19 28
 (Name of Month) (Day) (Year)

FATHER.

(10) FULL NAME Jas. F. Evans
 (11) PRESENT POSTOFFICE OF FATHER Mayesville S.C.
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 38 (Years)
 (14) BIRTHPLACE S.C.
 (15) OCCUPATION Farmer

MOTHER.

(16) NAME BEFORE MARRIAGE A. C. Huggins
 (17) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 28 (Years)
 (20) BIRTHPLACE S.C.
 (21) OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Jane Lee
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Mayesville S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct-8 19 28 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

Form No. 1 THE OTHER, No. 2, etc., in question 1
 FIRST-DOES, No. 1 THE OTHER, No. 2, etc., in question 1
 Bureau of Columbia, Columbia, S. C.