

(1) PLACE OF BIRTH

County of Marion

Township of

or Town of Mullins

or City of

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

Registration District No. 3718File No.—For State Registrar Only
41670Registered No. 44
(For use of Local Registrar)No. 44 Ward

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

(2) Full Name of Child Rosa Lee Evans

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

1. Sex— Girl	2. Twin or Triplet	3. Number in order of birth	4. Are Parents Married	5. DATE OF BIRTH
	To be answered only in event of Twin or Triplet		<u>yes</u>	<u>Oct 29, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
6. Full Name	7. Present Postoffice of Father		14. Name before marriage	15. Present Postoffice of Mother
<u>John Evans</u>	<u>Mullins SC</u>		<u>Lizzie Smith</u>	<u>Mullins SC</u>
10. Color or Race	11. AGE AT LAST BIRTHDAY	12. BIRTHPLACE	16. COLOR or RACE	17. AGE AT LAST BIRTHDAY
<u>Col</u>	<u>42</u> (Years)	<u>Levensville</u>	<u>Col</u>	<u>24</u> (Years)
13. OCCUPATION	18. OCCUPATION		19. BIRTHPLACE	
<u>Musician</u>	<u>Housewife</u>		<u>Mullins SC</u>	
20. Number of children born to mother, including present birth	21. Number of children of this mother now living, including present birth			
<u>4</u>	<u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 a.m. on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)(23) (Signature) Melvin M. Coulter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins SCWhen name added from a supplement-
al report(26) Witness (Signature of Witness necessary only
in question 22 is signed)(27) Filed Oct 30 1923 (28) M. Schaffer
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.

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