Form No. 1.

(1) PLACE OF BIRTH

County of Fulton

Township of Burton

or

Inc. Town of

or

City of

(If birth occurred in a hospital or other institution, give name 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's use 64094

Registration District No. 1801 Registered No. 56
(For use of Local Registrar)

(2) Full Name of Child William Lester Evans

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

(3) SEX: Boy or Girl | (4) Twin or Triplet (or number in order of birth) | (5) Are Parents Married? Yes | (6) DATE OF BIRTH: June 23 1936 (Month) (Day) (Year)

FATHER

(7) FULL NAME: Ford Evans

(8) RESIDENCE OR POST OFFICE OF FATHER: Fulton SC

(9) COLOR OR RACE: White | (10) AGE AT LAST BIRTHDAY: 35 Years

(11) BIRTHPLACE: SC

(12) OCCUPATION: Farming

(13) Number of children born to mother including present birth: 9

MOTHER

(14) MAIDEN NAME: Mrs Charlotte Carter Evans

(15) RESIDENCE: Fulton SC

(16) COLOR OR RACE: White | (17) AGE AT LAST BIRTHDAY: 31 Years

(18) BIRTHPLACE: SC

(19) OCCUPATION: Domestic

(20) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. or P. M. on the date above stated.

(22) Signature: E. E. Hayes

(23) Address: Fulton Zone No. SC

(24) If delivery occurred from a confinement not reported, sign here:

M.D.

Registrar

(25) Witness

Signature of Witness necessary only when question 24 is signed by midwife

(26) Local Registrar: J. H. Lee & B. Bishop

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 registered as stillborn. No report is deemed of satisfaction before the fifth month of pregnancy.

Mother of Children

REMARKS: STRAINLY. Write plainly with pen and ink. Use no pencil. Do not fold. Make no erasures. Errors may be corrected only by a supplemental report. Make no marks outside ruled lines. Report every birth occurring in your district within five days.

PENALTY: $100 fine, or imprisonment for not more than six months, or both, for wilfully making false statement in this certificate. (Sec. 1, No. 1, 1915 Provisions, No. 2, Act, as amended.)