

MARGIN RESERVED FOR BINDING.  
 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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of *Charleston* STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of *St. James Parter* State Board of Health  
 or  
 Inc. Town of *McKellamville* Registration District No. *906* Registered No. *72*  
 or  
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

File No. — For State Registrar Only  
**76129**

(2) Full Name of Child. *Francis Evans* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 7, 1916*  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME *Jonas Evans* (14) NAME BEFORE MARRIAGE *Josephine McCre*  
 (9) PRESENT POSTOFFICE OF FATHER *McKellamville* (15) PRESENT POSTOFFICE OF MOTHER *McKellamville*  
 (10) COLOR OR RACE *Ways* (11) AGE AT LAST BIRTHDAY *38* (16) COLOR OR RACE *Ways* (17) AGE AT LAST BIRTHDAY *30*  
 (12) BIRTHPLACE *Charleston* (18) BIRTHPLACE *Charleston*  
 (13) OCCUPATION *day Labor* (19) OCCUPATION *field hand*  
 (20) Number of children born to mother, including present birth *1* (21) Number of children of this mother now living, including present birth *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 o'clock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) *Theresa Russell*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *McKellamville*

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 *Sept 16, 1916* (28) *Geo. C. Buchanan* 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.