

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

County of *Charleston*
 Township of *St. James Parter*
 Inc. Town of *McKellanville*
 or
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
76129

Registration District No. *906* Registered No. *72*
 (For use of Local Registrar)
 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. *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.
 (8) FULL NAME *Jonas Evans*
 (9) PRESENT POSTOFFICE OF FATHER *McKellanville*
 (10) COLOR OR RACE *Ways* (11) AGE AT LAST BIRTHDAY *38* (Years)
 (12) BIRTHPLACE *Charleston*
 (13) OCCUPATION *day Labor*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Josephine Du Pree*
 (15) PRESENT POSTOFFICE OF MOTHER *McKellanville*
 (16) COLOR OR RACE *Ways* (17) AGE AT LAST BIRTHDAY *30* (Years)
 (18) BIRTHPLACE *Charleston*
 (19) OCCUPATION *field hand*
 (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 *McKellanville*

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. Beckman* 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.