

(1) PLACE OF BIRTH

County of Charleston

Township of Adams

or

Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same 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 Only

41711

Registration District No. 1206

Registered No. 144
(For use of Local Registrar)

(2) Full Name of Child Roy Evans

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

3 SEX OR GIRL? Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH Dec 29, 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME Roy Evans

14 NAME BEFORE MARRIAGE Eva Griffin

9 PRESENT POSTOFFICE OF FATHER Paisland S.C.

15 PRESENT POSTOFFICE OF MOTHER Paisland S.C.

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)

16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

12 BIRTHPLACE S.C.

18 BIRTHPLACE S.C.

13 OCCUPATION Farming

19 OCCUPATION House-keeping

20 Number of children born to mother, including present birth 9

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 born alive at 10:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. W. Duncan

(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Paisland S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12 19 23 (28) J. W. Lemmon 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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