

(1) PLACE OF BIRTH

County of RichlandTownship of Columbiaor
Inc. Town of _____or
City of Columbia

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

(2) Full Name of Child Boyd Miller Evans

File No.—For State Registrar Only

2300

Registration District No. 38aRegistered No. 11

(For use of Local Registrar)

(No. ashley avSt. 1216 Ward)

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

one

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. M. Evans

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Columbia County, S.C.

(13) OCCUPATION

Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Hamilton

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Long County, S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, healthy, 5 lb. 12 in. M.
on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature)

Martha Ray

(24) State whether Physician or Midwife

(25) Address as notified or Midwife

MidwifeMartha Ray

Given name added from a supplemental report:

Martha Ray

(26) Witness

(Signature of witness necessary only when question is signed by mark)

(27) Filed

12-25-22

(28)

W. A. Hylton
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.