

(1) PLACE OF BIRTH

County of Spartanburg
Township of Walton

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79383

Inc. Town of or
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 4016 Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Not named { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Sept 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morgan Evans(9) PRESENT POSTOFFICE OF FATHER Rancher OK SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION farm work(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Shelt Dufford(15) PRESENT POSTOFFICE OF MOTHER Rancher OK SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Spartanburg Co(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 330 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. McCreary

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rancher OK SC

(When name added from a supplemental report)

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Registrar

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

(27) Filed Oct 5 1916(28) Dr. F. McCreary 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.