

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
 1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Lenoir  
 or  
 Inc. Town of Lenoir S.C.  
 or  
 City of .....

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

No. 3370—For State Registrar Only

Registration District No. 1106 Registered No. 3  
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH Jan 14 23  
 To be answered only in case of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Norman Evans  
 (9) PRESENT POSTOFFICE OF FATHER Lenoir S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE Geo.  
 (13) OCCUPATION mill operator  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lyle McCulm  
 (15) PRESENT POSTOFFICE OF MOTHER Lenoir S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Geo.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mr. M. A. Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lenoir S.C.

Given name added from a supplemental report .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed in mark) J. H. H.  
 (27) Filed 2-5-23 (28) 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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