

(1) PLACE OF BIRTH

County of HounseTownship of Lee

Inc. Town of

City of

(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 HealthFile No.—For State Registrar Only
42829Registration District No. 2009 Registered No. 5-1
(For use of Local Registrar)2) Full Name of Child Abram Evans If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Heming Evans</u>			(14) NAME BEFORE MARRIAGE <u>Molly Lamb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Oranston St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Oranston St.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Hounse Co.</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) BIRTHPLACE <u>Georgetown Co.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Abraham Evans(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Abraham Evans

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
Oranston St.(27) Filed 12/16/15 (28) W. L. Oates
Registrar 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.

Fifth month of pregnancy.