

(1) PLACE OF BIRTH

County of *Charleston*Township of *Allegheny*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

23926

Registration District No.

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child *Hester Evans*

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

(3) SEX OF CHILD <i>Male</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Aug - 22</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <i>Major Evans</i>	(14) NAME BEFORE MARRIAGE <i>Idabelle Dubant</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Mc Bee Sep 1</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Mc Bee Sep 1</i>
(10) COLOR OR RACE <i>Coe</i>	(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(16) COLOR OR RACE <i>Coe</i>	(17) AGE AT LAST BIRTHDAY <i>17</i> (Years)
(12) BIRTHPLACE <i>NC</i>	(13) OCCUPATION <i>Farmer</i>	(18) BIRTHPLACE <i>NC</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Dr. Harwood*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 19 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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 8.

McCam of Columbia, Columbia, S. C.