

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helens
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
359

Registration District No. boy

Registered No. 9
 (For use of Local Registrar)
 St. _____ Ward _____

(2) Full Name of Child Evelyn Audrey
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH Jan. 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W.M. Audley, Jr.
 (9) PRESENT POSTOFFICE OF FATHER Savannah, Georgia
 (10) COLOR OR RACE negro
 (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Howard
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE negro
 (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. (Hour A. M. or P. M.)
 on the date above stated. (Born alive or otherwise)
 (23) (Signature) Sarah Leibel
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

(26) Witness Katherine Howard

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

(27) Filed Jan. 10, 1922

(28) J.B. Thomas

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.

NATIONAL HEALTH BOARD, FEDERAL BUREAU OF INVESTIGATION, U.S. DEPARTMENT OF JUSTICE, WASHINGTON, D.C.
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