

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-NAMED, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

REGISTRY OF VITAL RECORDS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Lawson
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
32011

Registration District No. **3803** Registered No. **223**

(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 Roscoe Evans

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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 2, 1922
(Name of Month) (Day) (Year)

(8) FULL NAME Frank Evans
of FATHER Dolphins P.C.

MOTHER.

(9) PRESENT POSTOFFICE OF FATHER Dolphins P.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE P.C. (13) OCCUPATION Farming

(14) NAME BEFORE MARRIAGE Virginia Williams

(15) PRESENT POSTOFFICE OF MOTHER Dolphins P.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 47 (Years)

(18) BIRTHPLACE P.C. (19) OCCUPATION

(20) Number of children born to mother, including present birth 17

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Leffie
11/21/43 19 ...
Registered

(26) Witness Mrs. J. W. Queen

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

(27) Filed 9/9/43 19 (28) Mrs. J. W. Queen

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.