

MADE BY ORDER OF THE BOARD OF HEALTH

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR A PERSON AUTHORIZED BY HIM TO DO SO. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR AND A COPY OF IT IS TO BE SENT TO THE BOARD OF HEALTH.

(1) PLACE OF BIRTH

County of Charleston
 or
 Township of North
 or
 Inc. Town of St. Johns
 or
 City of St. Johns (No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annabell E. Evers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 8 1922 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Evers
 (9) PRESENT POSTOFFICE OF FATHER New Zion S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Knowlton
 (15) PRESENT POSTOFFICE OF MOTHER New Zion S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 8 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Evers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Zion S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 20 1922 (28) H. J. Bone Local Registrar

19... 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.

*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.

RECEIVED BY COLUMBIA, S. C.

Form No. 1