

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

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 Health

File No.—For State Registrar Only

46391

Registration District No. 2209 Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child James Quincy Evans

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31</u> <u>1916</u>
Is answered only in event of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Wm. S. Evans(9) PRESENT POSTOFFICE OF FATHER Union Bleachers(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION mill hand(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Fda Gibson(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

..... 1916

..... Registrar

(26) Witness

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

(27) Date Feb 14 1916 (28) A. H. Mack

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.

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