

## (1) PLACE OF BIRTH

County of AikenTownship of McClellan

Inc. Town of .....

City of .....

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

Registration District No. 208

No. 1-For use by Registrar  
21401

Registered No. 19  
(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 Johnnie May Evans If child is not yet named, make supplemental report as directed

(3) SEX <u>girl</u>	(4) Type or Weight To be entered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age in years <u>year</u>	(7) DATE OF BIRTH <u>Nov 1 1928</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Johnny Evans  
 (9) FATHER'S  
 OF FATHER Samaria  
 (10) COLOR Negro (11) AGE AT LAST  
 BIRTHDAY 22  
 (Year)  
 (12) BIRTHPLACE Aiken Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to  
 mother, including present birth 4

## MOTHER.

(14) NAME, SEX, &  
 MARRIAGE W. Martha Merritt  
 (15) FATHER'S  
 OF MOTHER Samaria  
 (16) COLOR Negro (17) AGE AT LAST  
 BIRTHDAY 24  
 (Year)  
 (18) BIRTHPLACE Aiken Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother  
 now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Julian Ray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Midway Barke St

WITNESSES

W. C. Jones(26) Witness (Signature of Witness necessary only  
when question 25 is signed by mark)(27) Date 11/1/28 (28) J. C. Jones  
Local Registrar.

It is the duty of the mother, or the father, or the guardian, or the person in charge of the household, or the person in charge of the institution, to make this return.  
 If the child is born dead, it shall be reported as stillborn. No report is desired of stillbirths  
 before the sixth month of pregnancy.