

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 14or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Evelyn PooleFile No.—For State Registrar Only  
**28231**Registration District No. 1913 Registered No. 84  
(For use of Local Registrar)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 July 12, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Walter Poole9) PRESENT POSTOFFICE OF FATHER Minersboro, S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 37  
(Years)12) BIRTHPLACE Aiken Co.13) OCCUPATION Mill Operator20) Number of children born to mother, including present birth 6

## MOTHER.

14) NAME BEFORE MARRIAGE Bertha Jackson15) PRESENT POSTOFFICE OF MOTHER Minersboro, S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 42  
(Years)18) BIRTHPLACE Aiken Co.19) OCCUPATION Housewife21) 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 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Saul L. McCray (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed July 10, 1923 (27) 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.