

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29274

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 26 Co. St. Ward) 10

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

(2) Full Name of Child

Evelina Evans

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

sep 12 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Calvin Strom

9) PRESENT POSTOFFICE OF FATHER

Charleston SC

10) COLOR OR RACE

Colored

11) AGE AT LAST BIRTHDAY

26

(Year)

12) BIRTHPLACE

Barnburg SC

13) OCCUPATION

Labor

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

5

MOTHER.

14) NAME BEFORE MARRIAGE

Agness Glover

15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

16) COLOR OR RACE

Colored

17) AGE AT LAST BIRTHDAY

23

(Year)

18) BIRTHPLACE

Charleston SC

19) OCCUPATION

own housekeeper

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 born at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

blue

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

216 St

(26) Witness

Sis Williams

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

(27) Filed

9/26

19

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.

Before the fifth month of pregnancy.

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me a Notary Public of SOUTH CAROLINA
(Name) AGNES GLOVER IRONS, who being duly sworn deposes and
says that: in checking the record of birth for ~~his~~/her Daughter, Born
as registered in the Charleston Health Department, Charleston, 9/12/22
South Carolina, (record no. 119/1411), ~~he~~/she finds the
following corrections necessary:-

Full name of this child should be PEARL EVALINCE EVA IRONS instead of Evalince Eva

Irons: correct name of the Father is CLIFTON IRONS instead of E. Irons:

that the above is a true and correct statement of facts and that
these corrections should appear on the record as filed by the
attendant at the birth.

Signed

Agnes Irons

mother/father-

SWORN to before me

Address 8 Johnson Street, Charleston, S.C.

this 30th day of JUNE A.D. 194¹.

SEAL.

Emma Reginald
Notary Public of _____

8/19/41
Notary Public S. C. my commission
expires at the pleasure of the Governor

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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.
BUREAU OF COLUMBIA, COLUMBIA, D. C.