

(1) PLACE OF BIRTH

County of ColletonTownship of Garlandor
In Town ofor
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

14460

Registration District No. 1407 Registered No.
(For use of Local Registrar)(No. Singleton St.; Ward)Full Name of Child Boyer Evans If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Bo (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE BIRTH May 2 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ken. Evans(9) PRESENT POSTOFFICE OF FATHER Green Pond S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Low Singleton(15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mokey Mitchell(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Midwife Green Pond S.C.

(25) Give name added from a supplemental report

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

(27) Filed May 12 1912 (28) R. G. Luggin 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.

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