

## (1) PLACE OF BIRTH

County of

Richland

Township of

Lykes

Inc. Town of

Lykes

or

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

16556

Registration District No. 3803Registered No. 120

(For use of Local Registrar)

(No. Lykes Land St. St. Ward)2) Full Name of Child Evelyn S. Mack

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 4, 1922

## FATHER.

(8) FULL NAME

David S. Mack

(9) PRESENT POSTOFFICE OF FATHER

Lykes Land St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Lykes Land St

(13) OCCUPATION

Farm work

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jennie Washington

(15) PRESENT POSTOFFICE OF MOTHER

Lykes Land St

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Lykes Land St

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Box 104 St

Given name added from a supplemental report

(26) Witness

T. Mack

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed

5/11/22

(28)

Wang J. Gorman

Local Registrar

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.

Registrar

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