

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Antler  
 or  
 Inc. Town of .....  
 of  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

3993

Registration District No. 2200 Registered No. 22  
 (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 Elizabeth Evans (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>G.</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15, 1919</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Evans</u>			(14) NAME BEFORE MARRIAGE <u>Elba Burmister</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
(10) COLOR OR RACE <u>B.</u>			(16) COLOR OR RACE <u>B.</u>	
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 6 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elba Burmister  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Simpsonville

Given name added from a supplemental report

(26) Witness L. P. Richardson  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed March 10, 1919 (28) L. P. Richardson  
 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.