

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of	<i>Cherokee</i>	STATE OF SOUTH CAROLINA		21677	
Township of	<i>Harmony</i>	Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>1306</i>		Registered No. <i>14</i>	
or				(For use of Local Registrar)	
City of		(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 <i>Napheo Lee Evans</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 5 1922</i>	
FATHER.		MOTHER.			
(8) FULL NAME <i>William S. Evans</i>	(14) NAME BEFORE MARRIAGE <i>Hattie Hodge</i>				
(9) PRESENT POSTOFFICE OF FATHER <i>Alcoa, R. 1, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Alcoa, R. 1, S.C.</i>				
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>46</i> (Years)	(16) COLOR OR RACE <i>White</i>			
(12) BIRTHPLACE <i>S.C.</i>	(17) AGE AT LAST BIRTHDAY <i>33</i> (Years)	(18) BIRTHPLACE <i>S.C.</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Housewife</i>				
(20) Number of children born to mother, including present birth <i>11</i>	(21) Number of children of this mother now living, including present birth <i>1</i>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>11 P.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		(25) Address of Physician or Midwife			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness <i>W. S. Evans</i>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <i>Aug 10 1922</i> (28) <i>R. E. Thompson</i>			
Registrar		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.					