

(1) PLACE OF BIRTH

County of

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29205 1332

Township of

or
Inc. Town of

Charleston

Registration District No.

9 A

Registered No.

(For use of Local Registrar)

City of

Charleston

(No. of Meeting)

100. 5 Meeting

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

2) Full Name of Child

Annie Evans

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept. 7, 1922

To be answered only in case of Twins or Triplets

3

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER: James A. Evans

(14) NAME BEFORE MARRIAGE

MOTHER: Sarah Cunningham

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

36

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

Charleston, S.C.

(18) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Deputy

(19) OCCUPATION

—

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mrs. Annemaria Perry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife 151 Beaufain St.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

9/9 1922

(28)

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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 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.
 McCreary of Columbia