

## (1) PLACE OF BIRTH

County of Claude  
 Township of Madison  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41779

Registration District No. 13.08 Registered No. 18  
 (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 Heracle Terrell Evans If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Willie Evans</u>	(14) NAME BEFORE MARRIAGE	<u>Cornelia Hamilton</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>New Zion S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>New Zion S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE	<u>Claude Co</u>	(18) BIRTHPLACE	<u>Claude Co</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>House wife</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 born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Smith (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 11, 1922 (28) H. H. Smith 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.