

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.

(1) PLACE OF BIRTH

County of *Marshall*  
 Township of *Flat Rock*  
 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  
**82267**

Registration District No. *2702* Registered No. *117*  
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)  
 City of .....

(2) Full Name of Child *Bertha Evans* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth ..... (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 9, 1916*  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

**FATHER.**  
 (8) FULL NAME *Miles Evans*  
 (9) PRESENT POSTOFFICE OF FATHER *County S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35*  
 (Years)  
 (12) BIRTHPLACE *Marshall Co*  
 (13) OCCUPATION *Farming*  
 (20) Number of children born to mother, including present birth *15*

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE *Nancy Dye*  
 (15) PRESENT POSTOFFICE OF MOTHER *County S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *38*  
 (Years)  
 (18) BIRTHPLACE *Marshall Co*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth *5*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was *alive* at *9 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Bushfield*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *County S.C.*

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *11/8* 19*16* (28) *J. W. Bushfield* 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.