

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.
 M. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA.		66032	
Township of <u>✓</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>✓</u>		Registration District No. <u>38a</u>		Registered No. <u>1255</u>	
or				(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>1220</u> <u>Ashley Ave.</u>)		(Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mary Olie Evans</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1906</u>	
<small>Is to be answered only in case of twins or triplets</small>			<small>(Name of Month) (Day) (Year)</small>		
FATHER.			MOTHER.		
(8) FULL NAME <u>Luther L. Evans</u>			(14) NAME BEFORE MARRIAGE <u>Annie Beck</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>	(16) COLOR OR RACE <u>White</u>			
		(17) AGE AT LAST BIRTHDAY <u>34</u>			
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>machinist</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:40 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. C. Ash</u>					
(24) State whether Physician or Midwife <u>Physician</u>			(25) Address of Physician or Midwife <u>Columbia S.C.</u>		
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>Sept 6, 1906</u> Local Registrar		
..... 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.					
fifth month of pregnancy.					