Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 7630

(1) PLACE OF BIRTH

County of Greenville

Township of .....
or
Inc. Town of Piedmont
or
City of .....

Registration District No. 22 Registered No. 9 (For use of Local Registrar)

(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 Nina Mae Evans — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 8 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Earl Evans	(14) NAME BEFORE MARRIAGE Inez Shed
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.	(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE Oklahoma
(13) OCCUPATION Cotton Mill Operative	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) [signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 20 1922 (28) J. J. Bell 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.

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.

Bureau of Columbia, Columbia, S. C.