

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

County of YorkTownship of Yellow Creekor
Inc. Town ofor
City of

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

Bureau of Vital Statistics

State Board of Health

Registration District No. 3108Registered No. 3

File No. — For State Register Only

44080

(For use of Local Registrar)

(2) Full Name of Child Evanville Liles

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

(1) SEX OF CHILD <u>Girl</u>	(2) Twin or triplet? <u>Single</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>June 12, 1923</u>
(6) FULL NAME <u>John Liles</u>		(7) NAME BEFORE MARRIAGE <u>Ethel Dent</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Edgerton</u>		(9) PRESENT POSTOFFICE OF MOTHER <u>Edgerton</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>43</u>	(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>38</u>	
(14) BIRTHPLACE <u>Lex Co</u>		(15) BIRTHPLACE <u>House wife</u>		
(16) OCCUPATION <u>Plumber</u>		(17) OCCUPATION <u>Lex Co</u>		
(18) Number of children born to mother, including present birth <u>7</u>		(19) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(27) Filed June 12, 1923 at York

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.

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