

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Yorkor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44528

Registration District No. 1702Registered No. 25

(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 Jan. Evans

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number by order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Dec 5 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. J. Evans

(9) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

44

(12) BIRTHPLACE

Summerville, S.C.

(13) OCCUPATION

Common Laborer

(14) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

E. Elizabeth Evans

(15) PRESENT POSTOFFICE OF MOTHER

Summerville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Summerville, S.C.

(19) OCCUPATION

Common Laborer

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was  
on the date above stated.Dec 5 1923  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) R. A. Evans

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Summerville, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

1702

(27) Local Registrar

Summerville, S.C.

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 required if stillborn before the fifth month of pregnancy.

20. P. L. A. W. N. O. N.