

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
 Township of Lander
 or
 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
41994

Registration District No. 1304 Registered No. 124
 (For use of Local Registrar)

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

(2) Full Name of Child John Evans

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22, 1924
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Evans
 (9) PRESENT POSTOFFICE OF FATHER Lander
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Penara Alfred
 (15) PRESENT POSTOFFICE OF MOTHER Lander
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 38
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House duties
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Liggett Dabson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lander SC

Given name added from a supplemental report

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

(27) Filed Jan 2, 1925 (28) R. J. Chaplin 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.