CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only: 14737

(1) PLACE OF BIRTH

County of Orangeburg
Township of .....
or
Inc. Town of .....
or
City of Orangeburg (No. 9 Clarendon Ave St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 16a Registered No. 153
(For use of Local Registrar)

(2) Full Name of Child James Sheppard Evans (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twin or Triplet
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: Dec. 11 (Name of Month) 19 28 (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Lewis Carlisle Evans	(14) NAME BEFORE MARRIAGE: Ottie Lee Rast
(9) PRESENT POSTOFFICE OF FATHER: Orangeburg S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Orangeburg S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 35 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Near Elloree S.C. Orbg. Co.	(18) BIRTHPLACE: Near Cameron S.C. Calhoun Co.
(19) OCCUPATION: Salesman	(20) OCCUPATION: Music teacher and mother
(20) Number of children born to mother, including present birth: Three	(21) Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)
(24) State whether Physician or Midwife: L.E. Sheppard MD
(25) Address of Physician or Midwife: Orbg. 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 9/30 1928 (28) [illegible]
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.

MARGIN RESERVED FOR BINDING.
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
Secretary of Columbia, Columbia, S. C.

Registrar

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