

(1) PLACE OF BIRTH

County of UnionTownship of JonesvilleInc. Town of JonesvilleCity of Jonesville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75017

Registration District No. 4204 Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Marie Evans { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF Aug. 9th 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEH. P. Evans(9) PRESENT
POSTOFFICE
OF FATHERJonesville, S.C.(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY (Years)

(12) BIRTHPLACE

Union Co.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth { 5

MOTHER.

(14) NAME BEFORE
MARRIAGEEva Littlejohn(15) PRESENT
POSTOFFICE
OF MOTHERUnion Co.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY (Years)

(18) BIRTHPLACE

Union Co.

(19) OCCUPATION

Domestic(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 2 P. at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. P. Evans

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

Given name added from a supplement-
tal report

....., 191....

Registrar

(26) Witness G. C. Wood(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 191....(28) C. N. Alexander

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 MAINLY, 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.

McCaw, of Columbia.