

(1) PLACE OF BIRTH

County of Greenville  
Township of Chick Spring  
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  
**90066**

Registration District No. 2204 Registered No. 133  
(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 Corniel Odell 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 19 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Robert C Evans

(9) PRESENT POSTOFFICE OF FATHER Greer S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Greenville Co S.C.

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth } Four

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ida Snell

(15) PRESENT POSTOFFICE OF MOTHER Greer S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Pickens Co S.C.

(19) OCCUPATION House Work

(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 at 2 o'clock a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Marchant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer S.C.

Given name added from a supplemental report  
..... 191.....  
Registrar

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

(27) Filed Jan 17 1917 (28) F. G. Carree 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.

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