

Form No. 1

## (1) PLACE OF BIRTH

County of MauroTownship of Red Hillor  
Inc. Town of.....or  
City of.....

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

(2) Full Name of Child Wesley Evans

No. — For State Registrar Only

33236

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3307 Registered No. 43  
(For use of Local Registrar)(3) Sex Male (4) Type of Triple Yes (5) Number in order of birth 1st (6) Age Parents Married Yes (7) DATE OF BIRTH Sept 3, 23  
(Month) (Day) (Year)(8) FULL NAME Carl Overland  
(9) PRESENT POSTOFFICE OF FATHER Blacksburg  
(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 22 (Year)  
(12) BIRTHPLACE A.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1MOTHER.  
(14) NAME BEFORE MARRIAGE Lily Belle Evans  
(15) PRESENT POSTOFFICE OF MOTHER Blacksburg  
(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 17 (Year)  
(18) BIRTHPLACE A.C.  
(19) OCCUPATION Teacher  
(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Dr. J. D. [Signature] (25) State whether Physician or Midwife Physician (26) Address of Phys. or Midwife Blacksburg

(When name added from a supplemental report)

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

(28) Filed Oct 6, 23 (29) W. E. [Signature] 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.