

Form No. 2
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill Publishing Co., Inc., New York, N. Y.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Willard
or
Inc. Town of Willard
or
City of Willard

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

Registration District No. 40009

File No. - For State Registrar Only
87366

Registered No. 10009
(For use of Local Registrar)

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

(2) Full Name of Child Gene Evans

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

(3) SEX OR GENDER <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Age <u>1</u> years	(7) DATE OF BIRTH <u>Nov 16</u> 19 <u>16</u> (Name of Month) (Day) (Year)
(8) FATHER. FULL NAME <u>A. H. Evans</u> PRESENT POSTOFFICE OF FATHER <u>Willard</u>			(14) NAME BEFORE MARRIAGE <u>Liza Walloes</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Domestic</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Adeline Myers
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness J. C. Moore
(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Oct 16 1916 (28) J. C. Moore 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.