

WRITE PLAINLY, WITH LEADING 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 1.

(1) PLACE OF BIRTH
County of Orangeburg, S.C.
Township of Gran.
OF
Inc. Town of.....
OF
City of..... (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elmer Lane Evers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 15, 1923
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Timothy Evers (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C. (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Orangeburg Co. S.C. (13) OCCUPATION Farm Work

MOTHER. (14) NAME BEFORE MARRIAGE Rebecca Evers (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C. (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE Calhoun Co. S.C. (19) OCCUPATION Farm Work

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Middleton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) 11/11/23

(27) Filed 11/11/23 (28) Local Registrar

Given name added from a supplemental report Elmer Lane Evers

19 .. 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.

*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.