Form No. 1

(1) PLACE OF BIRTH

County of Oconee

Township of Longaloo

or

Inc. Town of .....

or

City of Westminster

(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
22020

Registration District No. 3505 Registered No. 194
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Lewis Erskine Evans

(3) SEX	(4) Twin, Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Male	Twin	1	Yes	7/8/23

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Brody Henry Evans

(9) PRESENT POSTOFFICE OF FATHER Westminster

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Moore

(15) PRESENT POSTOFFICE OF MOTHER Westminster SC.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elaine Ludlow
(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Westminster S C.

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed 7/11/23 (28) E. T. Sheldon
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.