

Stamps

(1) PLACE OF BIRTH  
County of Jamfield  
Township of H.

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

File No. — For State Registrar Only  
**72611**

Inc. Town of ..... Registration District No. 1909 Registered No. 11  
(For use of Local Registrar)  
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 Rosie Lee Evans If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 15, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Evans</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Small</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wilmington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>77</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>70</u> (Years)	
(12) BIRTHPLACE <u>Jamfield Co</u>			(18) BIRTHPLACE <u>Jamfield Co</u>	
(13) OCCUPATION <u>Jam Board</u>			(19) OCCUPATION <u>Jam Board</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this girl, who was Born at 10 - A.M. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Wm. M. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

F. A. Neil  
Registrar

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

(27) Filed ..... 191..... (28) F. A. Neil  
Local Registrar

FORM NO. 6  
 MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING 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 5.  
 McCaw, of Columbia.

\*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.