

(1) PLACE OF BIRTH

County of HarmerTownship of Leeor
Inc. Town ofor
City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gladys Lucile Evans If child is not yet named, make supplemental report as directed(3) Sex of Child Female (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents married? (7) DATE OF BIRTH 10-1-1917 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles C. Evans(9) PRESENT POSTOFFICE OF FATHER Scranton S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Harmer County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maude Banta Evans(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Harmer County(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vina Cockfield(24) State whether Physician or Midwife (25) Address of Physician or Midwife Scranton S.C.Midwife

Given name added from a supplemental report

(26) Witness Vina Cockfield (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-1-1917 (28) J. B. Myers 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.

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