

(1) PLACE OF BIRTH

County of Bamberg

Township of

or

Ina. Town of

or

City of

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

2) Full Name of Child Harold Evans

File No.—For the Register

2872

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400 Registering No. 295

(For use of Local Registrar)

(1) BOY OR GIRL Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH 2 2 23
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Harold Evans

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY (Years) 2(18) BIRTHPLACE Col(19) OCCUPATION Govt(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 5 2(22) Address of Physician or Midwife Harold Evans

Given name and address of Registrar

When these were taken

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