

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

73886

Registration District No. 3207

Registered No. 5-0

(For use of Local Registrar)

## (2) Full Name of Child

Anna Mae Evans

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Evaner Evans

(14) NAME BEFORE MARRIAGE

Margaret Smith

(9) PRESENT POSTOFFICE OF FATHER

Marion SC

(15) PRESENT POSTOFFICE OF MOTHER

Marion SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Florence Co SC

(18) BIRTHPLACE

Marion Co SC

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

5

(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 or Stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. E. Evans

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife, Marion SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 25 1916

(28) B. F. Dill

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.

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.