

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Marlboro  
Township of Bennettsville  
OR  
Inc. Town of.....  
OR  
City of .....

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

File No.—For State Registrar Only  
73905

Registration District No. 3301 Registered No. 139  
(For use of Local Registrar)  
(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 Charles B Evans If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 2 16  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME How Evans  
(9) PRESENT POSTOFFICE OF FATHER Bennettsville S C  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE Marlboro Co S C  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth Four

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Hattie Brown  
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S C  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34  
(18) BIRTHPLACE Marlboro Co S C  
(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 Alive at 6:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Louisa Ford  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville S C

Given name added from a supplemental report  
.....  
....., 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 5 16 (28) W W Pate 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.