

Form No. 10.

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.

Cav. of Columbia.

McClaw.

(1) PLACE OF BIRTH

County of BerkleyTownship of 1st St. JohnsInc. 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

58825

Registration District No. 702 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child. Vernas Evans } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>May 4 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(6) FULL NAME Walter Evans

(9) PRESENT POSTOFFICE OF FATHER Gordonsville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Berkley S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Illa Green

(15) PRESENT POSTOFFICE OF MOTHER Gordonsville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Berkley S.C.

(19) OCCUPATION House girl

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Johnson

(24) State whether Physician or Midwife, and address of Physician or Midwife

Midwife Gordonsville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. M. Baggett
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5-10-1916 (28) J. E. Johnson 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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