

## (1) PLACE OF BIRTH

County Charleston S.C.Township Charleston S.C.or Town of Charleston S.C.City of Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3220—For State Registrar Only

3220

Registration District No. 9ARegistered No. 308..

(For use of Local Registrar)

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

(2) Full Name of Child Evans E. Line Evans

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

(3) SEX <u>MALE</u>	(4) Twin or Triplet <u>2nd</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) FULL NAME Arthur Evans(2) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Baker(14) Number of children born to mother, including present birth 6 Children

## MOTHER.

(10) NAME BEFORE MARRIAGE Everline Gadsden(11) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION House work(14) Number of children of this mother now living, including present birth 5 living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Born alive at 3 am on the date above stated. (Born alive or stillborn: Hour, M. or P. M.)(20) (Signature) Sarah Brown(21) State whether Physician or Midwife Midwife (22) Address of Physician or Midwife 32 Chestnut St

Given name added from a supplemental report

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

(24) Filed 2/10/23 (25) Local Registrar J. Mercer

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.