

(1) PLACE OF BIRTH

County of FlamuccTownship of French

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

40307

Registration District No. 2010Registered No. 68

(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 John Nathan Evans

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married 72

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jessie J. Evans

(9) PRESENT POSTOFFICE OF FATHER

Cawards & C

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

& C

(13) OCCUPATION

Farmer

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

3

MOTHER.

(15) NAME BEFORE MARRIAGE

Linnie Miles

(16) PRESENT POSTOFFICE OF MOTHER

Cawards & C

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

27

(Years)

(19) BIRTHPLACE

& C

(20) OCCUPATION

House wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 10, 1924 (28) E. L. Montgomery

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or authorized before the fifth month of pregnancy.