

MARCH 1917 REVISED FOR IMPROVING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
B. B.—In case of twins use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

## (1) PLACE OF BIRTH

County of Barnwell  
Township of Barnwell  
or  
Inc. Town of Barnwell  
or  
City of .....

## CERTIFICATE OF BIRTH

State of SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 101Registered No. 1  
(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 Julia Hunsley Evans If child is not yet named, make appropriate entry as above(3) SEX Girl (4) Age 2 (5) Date of Birth Jan 12 1923  
(6) Time of Birth 2:30FATHER: (7) NAME Otto Richard Evans (8) RESIDENCE Barnwell S.C. (9) COLOR White (10) AGE AT LAST BIRTH 31 (11) OCCUPATION Pregnant S.C. (12) SIGNATURE R.P. Agency Clerk  
MOTHER: (13) NAME Florence May Bell (14) RESIDENCE Barnwell S.C. (15) COLOR White (16) AGE AT LAST BIRTH 24 (17) OCCUPATION Dravetville S.C. (18) SIGNATURE Housewife  
(19) Number of children born to mother, including present one 3 (20) Number of children of this mother now living, including present one 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4 A.M. on the date above stated. (22) (Signature) Chas. A. Hunsley (23) Address of Physician or Midwife Barnwell S.C.(24) Given name added from a supplementary report ..... (25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (26) Date Mar. 27 1923 (27) Signature N.F. Kishner

\*When there was no attending physician or midwife, then the father, householder, etc., should sign, and if a child breathes even once, it must not be reported as stillborn. No record is to be made before the fifth month of pregnancy.