

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
50465

County of Spitg STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Campobello State Board of Health
or
Inc. Town of Registration District No. 4001 Registered No. 7
(For use of Local Registrar)
or
City of (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 ... Edward B McEvers child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter McEvers</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Giles</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Campobello</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Campobello # 4</u>	(16) COLOR OR RACE <u>White</u> <small>(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)</small>
(10) COLOR OR RACE <u>White</u> <small>(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)</small>	(12) BIRTHPLACE <u>Spitg Co</u>	(18) BIRTHPLACE <u>Spitg Co</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>1</u>
(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at P. M., on the date above stated.
(23) (Signature) B. Wilson M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report, 191.....	(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
..... Registrar	(27) Filed <u>Feb 9</u> 191..... (28) <u>A. G. Burton</u> 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.

..... fifth month of pregnancy.

MARGIN RESERVED FOR FILING. WRITE PLAINLY. WITH LEADING 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. McCraw of Columbia.