

## (1) PLACE OF BIRTH

County of YorkTownship of HamptonInc. Town of CentervilleCity of Centerville

(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 Registration Only

50825

Registration District No. 4407Registered No. 19

(For use of Local Registrar)

## (2) Full Name of Child

Harmon Evelyn

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 3

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John L. Linder

(9) PRESENT POSTOFFICE OF FATHER

Chesler S. O.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Bethany S. O.

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Linder

(15) PRESENT POSTOFFICE OF MOTHER

Chesler S. O. #1

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Bethany S. O.

(19) OCCUPATION

Housewife

(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 alive, at 536 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie Ryan Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chesler S. O. #1

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed Feb 6 191.... (28) J. C. Brian 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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NOTE: NO. 2  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A FOREMAN'S RECORD.  
 M. 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.  
 M. B.—McCaw, of Columbia.