

1. In each 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 1.

(1) PLACE OF BIRTH

County of Laurens

Township of .....

or Inc. Town of Laurens

City of .....

(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

Registration District No. 280

No. 35097

Registered No. 56  
(For use of Local Registrar)

(2) Full Name of Child

Evans

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

(3) BOY OR GIRL boy (4) Twin or Triplet - (5) Number in order of birth - (6) Sex yes (7) DATE OF BIRTH 9-21-22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Evans

(9) PRESENT POSTOFFICE OF FATHER Laurens SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY - (Year)

(12) BIRTHPLACE Laurens SC

(13) OCCUPATION Oil dealer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Pyle

(15) PRESENT POSTOFFICE OF MOTHER Laurens SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY - (Year)

(18) BIRTHPLACE Laurens SC

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. H. Allen

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(25) Witness J. H. Allen  
(Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 10-5-22 (27) Local Registrar J. H. Allen

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.