

(1) PLACE OF BIRTH

County of KershawTownship of North

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

7459

Registration District No. 4701 Registered No. 311
(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 Elizabeth Evans 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28, 1923
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Samuel Evans (14) NAME BEFORE MARRIAGE Elizabeth Evans(9) PRESENT POSTOFFICE OF FATHER St. Louis MO (15) PRESENT POSTOFFICE OF MOTHER St. Louis MO(10) COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 37 (17) AGE AT LAST BIRTHDAY 3
(Year) (Year)(12) BIRTHPLACE St. Louis MO (18) COLOR OR RACE Col (19) BIRTHPLACE St. Louis MO(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Louis MO

Given name added from a supplemental report

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

(27) Filed Apr 7, 1923 (28) 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.