CERTIFICATE OF BIRTH

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

File No. 74459 — For State Registrar Only

(1) PLACE OF BIRTH
County of Pickens
Township of ....
or Inc. Town of ....
or City of Pickens (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 1101 Taylor St. Ward)

Registration District No. 38 Registered No. 1977 (For use of Local Registrar)

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

(2) Full Name of Child Jno Hugus McElveen

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
B	No	3	Yes	Dec	12	1916

FATHER.

(8) FULL NAME A J McElveen
(9) PRESENT POSTOFFICE OF FATHER Easley R 6
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Insurance
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Haberacht
(15) PRESENT POSTOFFICE OF MOTHER Pickens R 6
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION —
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1/4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J M DuBose
(24) State whether Physician or Midwife M D
(25) Address of Physician or Midwife Pickens S C

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 12/30/ 1916 (28) Ellie Gregg
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.

McCaw. of Columbia.

WRITE PLAINLY WITH PEN AND INK—DO NOT USE PENCIL. WRITE NAME OF CHILD IF KNOWN. IF NOT KNOWN AT TIME OF FILING CERTIFICATE, SUPPLEMENTAL REPORT MUST BE MADE WITHIN TEN DAYS AFTER NAME IS GIVEN. FORM NO. 4. 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.

N. B.—In case of illegitimate birth, the name of the father should not be entered on this certificate unless he shall request it in writing or shall subscribe his name as informant.

Registrar
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Local Registrar