(1) PLACE OF BIRTH

County of Sumpter

Township of Shiloh

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16926

Registration District No. 4107 Registered No. 50

(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 Gwendolyn Lee McElveen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? ✓

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 1st (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME John F. McElveen

(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Mail Carrier

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Helen Lee

(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION Domestic work

(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 alive (Born alive or stillborn) at 6 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr. L. C. Floyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Olanta S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed "Midwife")

(27) Filed 6-7 1922 (28) L. B. McElveen 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.