

(1) PLACE OF BIRTH

County of Anderson, S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2932

Township of .....

or  
Inc. Town of .....or  
City of .....(No. ....) Registration District No. 3A Registered No. 40  
(For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: ..... Ward)(2) Full Name of Child: J. ney M. McElain } If child is not yet named, make  
supplemental report as directed(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Jan. 12, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lloyd A. McElain(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Minister(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Nannie B. Bertha(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. ...

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

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 ..... 191..... (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.

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TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BLANK with the appropriate symbol. See also the instructions on the back of this form.

M. C. ... of Columbia