

(1) PLACE OF BIRTH

County of FlowerTownship of PloughInc. Town of FlowerCity of Flower

(No. St. Ward) (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

File No.—for State Registrar Only

40261

Registration District No. 2005Registered No. 52
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Age at birth <u>yr</u>	7) DATE OF BIRTH <u>Dec. 19, 1924</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

8) FULL NAME <u>Wm Henry M'Elveen</u>	14) NAME BEFORE MARRIAGE <u>Amanda Jeanette Proulx</u>
9) PRESENT POSTOFFICE OF FATHER <u>Flower SC.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Flower SC.</u>
16) COLOR OR RACE <u>w</u>	17) AGE AT LAST BIRTHDAY <u>16</u> (Year)
12) BIRTHPLACE <u>Wimburg Co SC.</u>	18) BIRTHPLACE <u>Fullon Co SC.</u>
13) OCCUPATION <u>Barber</u>	19) OCCUPATION <u>Farmer</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1230 on the date above stated. (Hour * M. or P. M.)(23) (Signature) J. Rhodes(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Flower SC.

Given name added from a supplemental report

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

(27) Filed Dec. 22, 1925 P. H. Pugham 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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