

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of Charlestonville

City of

(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

40242

Registration District No. 2002 Registered No. 33
(For use of Local Registrar)(2) Full Name of Child Lois Marie McElman

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(6) Number in order of birth	(8) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22, 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(9) FULL NAME <u>E. B. McElman</u>	(14) NAME BEFORE MARRIAGE <u>Clavin Langston</u>		

(10) PRESENT POSTOFFICE OF FATHER <u>Charlestonville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charlestonville S.C.</u>
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(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
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(12) BIRTHPLACE <u>S.C.</u>	(19) BIRTHPLACE <u>S.C.</u>
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(13) OCCUPATION <u>Postmaster</u>	(20) OCCUPATION <u>Housewife</u>
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(26) Number of children born to mother, including present birth <u>5</u>	(27) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) <u>T. H. Von Orsk</u>	(29) Address of Physician or Midwife <u>Charlestonville S.C.</u>
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Given name added from a supplemental report

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

(31) Filed 1/1/24 (32) H. J. ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.