

Form No. 1

(1) PLACE OF BIRTH

County of LynchburgTownship of ShilohInc. Town of
or

City of

(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

87650

Registration District No. 4-107 Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Garni M. McElwain If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? —

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 12 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James E. McElwain(9) PRESENT POSTOFFICE OF FATHER Lynchburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 2-1

(Years)

(12) BIRTHPLACE Burnett(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Matthie E. Kirby(15) PRESENT POSTOFFICE OF MOTHER Lynchburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 2-3

(Years)

(18) BIRTHPLACE Burnett(19) OCCUPATION House Keeper(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 at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Mason(24) State whether Physician or Midwife (25) Address of Physician or Midwife Atlanta, N.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 11-25-16

(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.

MARGIN RESERVED FOR PRINTING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
State of Columbia.