

County of San Diego
Township of Imperial
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

2615

Registration District No. 4107 Registered No. 3.....
(For use of Local Registrar)

City of (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 Gladie Elora McElroy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Jan 8, 1922
(— (Month) 8 (Day) 22 (Year))

FATHER.		MOTHER.	
(8) FULL NAME	<i>John McElroy</i>	(14) NAME BEFORE MARRIAGE	<i>Theresa Ann Hanlon</i>

(9) PRESENT POSTOFFICE OF FATHER *Shiloh, S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Shiloh, S.C.*

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22

(12) BIRTHPLACE	San Antonio, Tex.	(13) BIRTHPLACE	Florence, Tex.
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(13) OCCUPATION <i>Freemason</i>	(19) OCCUPATION <i>Housewife</i>
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(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Adelade at 6 am.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	<i>Carol A. McPherson</i>
(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
<i>Midwife</i>	<i>1011 1/2 N. 1st St.</i>

Given name added from a supplement-
tal report

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

(27) Filed 1-19 1912 (28) S. B. McArthur
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 occurring even once before the fifth month of pregnancy.

REPAIRS INVOLVED FOR BINDING,

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MAGAW OF COLUMBIA. COLUMBIA, N. C.