

(1) PLACE OF BIRTH
 County of Chester
 Township of Rossville
 or
 Inc. Town of
 or
 City of (No. St.: Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
45781

Registration District No. 1107 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Nannie Louise { 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> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>30</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 17 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>S. M. McElduff</u>			(14) NAME BEFORE MARRIAGE <u>Sallie McCarley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Lawn S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Lawn S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Chester Co S.C.</u>			(18) BIRTHPLACE <u>Fairfield Co S.C.</u>	
(13) OCCUPATION <u>machinist</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. B. McEwen
 (24) State whether Physician or Midwife Physician (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 1/20 1916. (28) R. T. Varnadore Local Registrar.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 Columbia, S. C.

*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.

Form 10, 1916. LABELS FURNISHED BY BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.