

MARGIN RESERVED FOR PERMANENT RECORD.  
 FORM NO. 3  
 WHITE PLAINS, WITH ENFOLDING INK—THIS IS A PERMANENT RECORD.  
 N. Y.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.

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

File No. — For State Registrar Only  
**86411**

(1) PLACE OF BIRTH

County of Lee  
 Township of Bishopville  
 or  
 Inc. Town of Bishopville  
 or  
 City of \_\_\_\_\_

Registration District No. 3 Registered No. 28  
 (For use of Local Registrar)

St. Main Ward  
 (If child is not yet named, make supplemental report as directed)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Chara Francis McEllan

(3) BOY OR GIRL? \_\_\_\_\_ (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Wm Robert McEllan  
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Boston Co. N.C.  
 (13) OCCUPATION Oil Well Manager  
 (14) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Minnie Meigs  
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Marion Co. S.C.  
 (19) OCCUPATION Clerk 3 yrs before marriage  
 (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 \_\_\_\_\_ at \_\_\_\_\_ (Hour A. M. or P. M.)  
 on the date above stated. (Born alive or stillborn)

(23) (Signature) A. C. Barton (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Bishopville S.C.

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 Dec 6 1916 (28) Wm H. J. Lundy, Rob 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.