

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Greenville  
Township of Greenville  
or  
Inc. Town of Greenville  
or  
City of Greenville

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23-a Registered No. 23 046615 (For use of Local Registrar)

(No. 23-a 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 ELVIRA BROWNLEE McALLA (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl ♀ If Plural Births 4. Twin, triplet or other 5. Number, in order of birth 6. Premature 7. Are Parents Married? yes 8. Date of birth Feb. 7 19 23 (Month, day, year)

9. Full name FATHER  
MATTOX PICKENS McALLA

18. Name before marriage MOTHER  
ELVIRA BROWNLEE NICKLES

10. Residence (mailing address) Lowndesville, S.C. (If non-resident, give place and State)

19. Residence (mailing address) Lowndesville, S.C. (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 43 (years)

20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Lowndesville, S.C. (State or country)

22. Birthplace (city or place) Greenwood, S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living three (b) Born alive but now dead 0 (c) Stillborn 0)

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 5 A.M. on above date 1% silver nitrate. (Name of Prophylactic)

Cleft Palate Hare Lip Other Deformities (Specify)

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

Given name added from a supplementary report (Date of)

(Signed) J. C. Harker M.D. or Midwife

Address Greenwood, S.C.

Filed Oct. 30, 19 42 M.B. Woodward, M.D.

Local Registrar

State Registrar