

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)

2. FULL NAME OF CHILD ELVIRA BROWNLEE McCALLA

3. Boy or Girl ♀ If Plural Births None 4. Twin, triplet or other None 5. Number, in order of birth 1 6. Premature None Full term Yes 7. Are Parents Married? Yes 8. Date of Birth Feb. 7 1923 (Month, day, year)

9. Full name MATTOX PICKENS McCALLA FATHER 18. Name before marriage ELVIRA BROWNLEE NICKLES MOTHER

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)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work <u>19</u>		17. Total time (years) spent in this work <u>3</u>

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 None Hare Lip None Other Deformities None (Specify)

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

Given name added from State Registrar a supplementary report State Registrar (Date of)

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

Address Greenwood, S.C.

Filed Oct. 30, 1942 M.B. Woodward, M.D. Local Registrar