

(1) PLACE OF BIRTH  
County of Sumter  
Township of Whitish  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 4-10.7 Registered No. 60  
(For use of Local Registrar)

(2) Full Name of Child Janita McElven (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Girl 4) Twin or Triplet? To be answered only in case of Twins or Triplets 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH Jun 16, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>James E. McElven</u>	14) NAME BEFORE MARRIAGE <u>Martha Kirby</u>	9) PRESENT POSTOFFICE OF FATHER <u>Lynchburg, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg, S.C.</u>
10) COLOR OR RACE <u>White</u>	16) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>	13) OCCUPATION <u>Farming</u>	19) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>Five</u>	21) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stewart Pittman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jubilee, S.C.

Given name added from a supplemental report .....  
....., 19 ..  
Registrar

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

(27) Filed 6-19-22 (28) S. B. McElven 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.