

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17788

753

Inc. Town of ..... Registration District No. 9 A Registered No. ....  
 City of Charleston (No. 236 B 490) ..... 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 Alfred Heidt McElroy { If child is not yet named, make supplemental report as directed

3 SEX OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 13 1922  
 (Name of Month) (Day) (Year)

## FATHER.

4 FULL NAME Ernest Alfred McElroy5 PRESENT POSTOFFICE OF FATHER Charleston S.C.6 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)7 BIRTHPLACE Kingstree S.C.8 OCCUPATION Motorman9 Number of children born to mother including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Donnelly(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Walterboro S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22 I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Frank Heidt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 613 1/2 St.

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 6/13/22 (28) J. Menck's Green M.D. 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.

A supplementary report..... (Date of)

Registrar.

Address 6 Ashmead Place GUARDIAN  
 Filed Feb. 22, 1921 LEON BANOV, M.D.  
 REGISTRAR