

Form No. 10. MARGIN RESERVED FOR INDEXING. WHITE PLAINS, WITH INDEXING TAB—THIS IS A PERMANENT RECORD. S. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH
County of Sumter
Township of Shiloh
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
44812

Registration District No. 4107 Registered No. 111
(For use of Local Registrar)
(No. 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 Effie McElwain If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 35 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 1 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Archie N. McElwain
(9) PRESENT POSTOFFICE OF FATHER Synchburg, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Sumter Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Effie E. Hammonford
(15) PRESENT POSTOFFICE OF MOTHER Synchburg, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Georgetown, S.C.
(19) OCCUPATION housekeeping
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. S. J. McElwain
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Synchburg, S.C.

Given name added from a supplemental report

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

(27) Filed 12-15-1915 (28) S. B. McElwain 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.

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