

Form No. 10. MARGIN RESERVED FOR PENDING. WHITE PLAINLY, WITH LEADING INK—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 **CERTIFICATE OF BIRTH**
 County of Sumter STATE OF SOUTH CAROLINA.
 Township of Smith Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of _____ Registration District No. 4107 Registered No. 111
 or (For use of Local Registrar)
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
44812

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>35</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12 1 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Archie N. McElwain</u>	(14) NAME BEFORE MARRIAGE <u>Effie E. Hamiford</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Synchburg, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Synchburg, S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>	(18) BIRTHPLACE <u>Georgetown, S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>housekeeping</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. S. J. McElwain

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Synchburg, S.C.

(26) Witness _____ (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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