

PLACE OF BIRTH
 County of Anderson
 or
 Town of _____
 or
 City of Anderson

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

24615-a

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)

Anderson County Hospital St. Ward _____

FULL NAME OF CHILD Allegra Lee Fadely
 (If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.

1. Sex Female 2. Plural births 3. Twin, triplet, or other _____ 4. Premature _____ 5. Number, in order of birth _____ 6. Full term yes 7. Legitimate? yes 8. Date of birth Aug. 9th; 1922
 (Month, day, year)

FATHER
 Name Sidney Hamilton Fadely

MOTHER
 18. Full maiden name Claire Ona ?

19. Residence (usual place of abode) (If nonresident, give place and State) Clemson, S. C.

19. Residence (usual place of abode) (If nonresident, give place and State) _____

20. Color or race White 21. Age at last birthday 27 (Years)

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22. Birthplace (city or place) (State or country) Point Pleasant, W. Va.

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23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locational student

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 19____

25. Date (month and year) last engaged in this work _____ 19____

26. Total time (years) spent in this work _____

Number of children of this mother (At or after this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. Cause of stillbirth _____ (a) Before labor _____ (b) During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug. 9th at 4:30 P.M. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. Name added from _____

(Signed) J. Louis Gray, M. D., M. D.

or _____, Midwife

Address _____

(Date of) _____

Filed _____, 19____ Registrar _____

Registrar _____

as a child breathes even once, it must not be _____ before the fifth month of pregnancy.