

PLACE OF BIRTH

County of Anderson

City of _____

or _____

Town of _____

or _____

City of Anderson

If birth occurs in a hospital or other institution, give name of same instead of street and number

FULL NAME OF CHILD Allegra Lee Fadely

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

Registered No. _____

(For use of Local Registrar)

Anderson County Hospital St.

Ward _____

If child is not yet named, make supplemental report as directed.

Sex GirlIf Plural
births _____

4. Twin, triplet, or other _____

6. Premature _____

7. Legiti-

8. Date of
birth Aug. 9th; 1922

(Month, day, year)

5. Number, in order of birth _____

Full term yes mate? yes

FATHER

Sidney Hamilton Fadely,

Residence (usual place of abode)

(If nonresident, give place and State) Clamson, S. C.Color-race W12. Age at last birthday 27 (Years)

Birthplace (city or place)

(State or country) Point Pleasant, W. Va.Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Locational studentIndustry or business in which
work was done, as silk mill,
sawmill, bank, etc.Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

19

Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

Stillborn

Period of gestation

months
weeks

29. Cause of stillbirth _____

Before labor

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
midwife, then the father, householder,
or other person should make this return.

Name and address of

Supplemental report

(Date of)

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

or _____, Midwife

Address _____

Filed _____, 19 _____

Registrar

Registrar.

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