

## (1) PLACE OF BIRTH

County of *Summit*Township of *Antietam*

or

Inc. Town of .....

or

City of .....

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

## (2) Full Name of Child

*Alma Shields*

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

6. Are Parents Married? *Yes*7. DATE OF BIRTH *July 27 22*

(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

*Joe Shields*

9. PRESENT POSTOFFICE OF FATHER

*Huntsville DC Rt 4*

10. COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*30*

12. BIRTHPLACE

*Dorchester Co SC*

13. OCCUPATION

*Farmer*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Alena Jones*

(15) PRESENT POSTOFFICE OF MOTHER

*Huntsville DC Rt 4*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*27*

(18) BIRTHPLACE

*Dorchester Co SC*

(19) OCCUPATION

*Housewife*

20. Number of children born to mother, including present birth

*1*

(21) Number of children of this mother now living, including present birth

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 A. M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

*Odessa Williams*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Huntsville DC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*July 27 22*

(28) Local Registrar

*F. J. McGowan*

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.