

1) PLACE OF BIRTH

County of Greenville  
 Township of Jacksonville  
 or Greenville

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

No. for State Registrar Only  
**14194**

Registration District No. 2409A, Registered No. 139  
 (For use of Local Registrar)  
 (No. 40 3rd Avenue, 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 Michelle Stargel (If child is not yet named, make supplemental report as directed)

BOY OR GIRL girl (4) Type of Twins X (5) Number in order of birth 1 (6) Age at Birth 1 yr 2 (7) DATE OF BIRTH Feb 16 1933  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 FULL NAME Marcel Stargel  
 PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)  
 BIRTHPLACE Sumpter, Ga  
 OCCUPATION met operator  
 Number of children born to mother, including present birth Five (5)

**MOTHER.**  
 (14) NAME AND ONE MARK Clara Ellen Hammond  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)  
 (18) BIRTHPLACE Anderson S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth Four (4)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

3) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated. (Mark alive or stillborn) (Hour P. M. or P. M.)

(22) (Signature) John Leche M.D.  
 (24) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Greenville S.C.

4) If name added from a supplemental report  
 .....  
 .....  
 .....  
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
John N. ...  
 (26) 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.

F I L M