

16 092873

1. PLACE OF BIRTH

County of AikenTownship of North Augusta S.C.

Inc. Town of

City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 2-C Registered No.

FILE No.—For State Registrar Only

00124

(For use of Local Registrar)

2. FULL NAME OF CHILD

No. 8-Pine Grove St.; North Augusta S.C. Ward
John Lancel Hummel (If child is not yet named, make supplemental report as directed.)

| | | | | | | |
|------------------------------|------------------|---------------------------------|-----------------------------------|-------------------------------------|------------------------------------|---|
| 3. Boy or Girl <u>Boy</u> | If Plural births | 4. Twin, triplet, or other..... | 5. Number, in order of birth..... | 6. Premature..... Full term..... | 7. Are Parents Married? <u>Yes</u> | 8. Date of birth <u>Mar 16</u> , 19 <u>43</u> (Month, day, year) |
|------------------------------|------------------|---------------------------------|-----------------------------------|-------------------------------------|------------------------------------|---|

9. Full name FATHER
Michael Williard Hummel18. Name before marriage MOTHER
Mary Agnes O'Keefe (Hummel)10. Residence (mailing address) (If non-resident, give place and State) Augusta Ga19. Residence (mailing address) (If non-resident, give place and State) Augusta Ga11. Color or race W12. Age at last birthday 58 (Years)20. Color or race W21. Age at last birthday 58 (Years)13. Birthplace (city or place) (State or country) Spartanburg So. Carolina22. Birthplace (city or place) (State or country) Namberg So. Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elect Engineer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utilities16. Date (month and year) last engaged in this work Present, 194217. Total time (years) spent in this work 40

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home25. Date (month and year) last engaged in this work Present, 194226. Total time (years) spent in this work 3427. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ✓28. If stillborn, period of gestation ✓ months weeks 29. Cause of stillbirth ✓ Before labor..... During labor.....Specify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m, on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) A. J. Kielpatrick, M.D.

Given name added from a supplemental report.....

or Midwife

(Date of)

Address Augusta Ga 12/1/42Filed March 27, 1943. M. B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)