

16 092873

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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		00124	
Township of <u>North Augusta S.C.</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2-C</u>		Registered No.	
or		(No. <u>8-Pine Grove</u> St.; <u>North Augusta S.C.</u> Ward)		(For use of Local Registrar)	
City of		(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.)	
2. FULL NAME OF CHILD <u>John Amela Hummel</u>					
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married <u>Yes</u>
8. Date of birth <u>Mar 16</u> , 19 <u>46</u> (Month, day, year)					
9. Full name <u>FATHER</u> <u>Michael Willard Hummel</u>			18. Name before marriage <u>MOTHER</u> <u>Mary Agnes O'Keefe (Hummel)</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Augusta Ga</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Augusta Ga</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>58</u> (Years)	20. Color or race <u>W</u>	21. Age at last birthday <u>58</u> (Years)		
13. Birthplace (city or place) (State or country) <u>Spartanburg</u> <u>So. Carolina</u>		22. Birthplace (city or place) (State or country) <u>Hamburg</u> <u>So. Carolina</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Est Engineer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Utilities</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>			
16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>44</u>		17. Total time (years) spent in this work <u>40</u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>44</u>	
26. Total time (years) spent in this work <u>34</u>					
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>✓</u>					
28. If stillborn, period of gestation..... <u>✓</u> months weeks		29. Cause of stillbirth..... <u>✓</u>			
Specify any physical deformities of child at birth. <u>None</u>					

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.) (Born alive or stillborn)

(Signed) A. J. Kielpatrick, M.D.
or.....Midwife
Address Augusta Ga 12/1/42
Filed March 27, 1943. M. B. Woodward, M.D.
Registrar. Registrar.