

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17388

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Ethel Fennell

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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 18, 1922

FATHER

(9) PRESENT POSTOFFICE OF FATHER

Slemdale S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

57 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer.

(20) Number of children born to mother, including present birth

Seven

MOTHER

(14) NAME BEFORE MARRIAGE

Rosa William Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Slemdale S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Keeper

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

June 9, 1922

(28)

L. H. Boyd, M.D.

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.

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