

(1) PLACE OF BIRTH

County of

Alameda

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17388

Township of

Alameda

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.)

Registration District No. *4600*

Registered No. *57*
(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?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 18 1922

To be answered only in case of Twins or Triplets.

(Name of Month) (Day) (Year)

FATHER

MOTHER

(9) PRESENT POSTOFFICE OF FATHER

Alameda S.C.

(14) NAME BEFORE MARRIAGE

Rosa William Johnson

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

57

(15) PRESENT POSTOFFICE OF MOTHER

Alameda S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Home Keeper

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

Seven

(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 (Born alive or stillborn) *9:40 A.M.* (Hour A. M. or P. M.)

(23) (Signature)

J. H. Boyd M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Alameda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 9 1922*

(28) *J. 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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