

22 049255

## Standard Certificate of Birth

FILE No.—For State Registrar Only

02288

## 1. PLACE OF BIRTH

County of Orangeburg  
 Township of Willow  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

STATE OF SOUTH CAROLINA

Registration District No. 3617Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. \_\_\_\_\_ 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

Alberta Fuel

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>girl</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>Feb 4</u> 19 <u>22</u> (Month, day, year)
9. Full name <u>Julius Fuel</u>				18. Name before marriage <u>Emma Mitchell</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Colored Willow Township Orangeburg Co.</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Willow Township Orangeburg Co.</u>			
11. Color or race <u>Colored</u>		12. Age at child's birth <u>27</u> (years)		20. Color or race		21. Age at child's birth <u>17</u> (years)	
13. Birthplace (city or place) (State or country) <u>Orangeburg S.C.</u>				22. Birthplace (city or place) (State or country) <u>Orangeburg S.C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Concrete worker</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.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____							
28. If stillborn, period of gestation _____		months _____ weeks _____	29. Cause of stillbirth _____			Before labor _____ During labor _____	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive 6 P. m. on the date above stated.  
(Born alive or stillborn)

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

(Signed) Julius Fuel, Parent

or \_\_\_\_\_ Guardian

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_Address 672 Neptune Ave. P.O. Box 1114Filed 3/23/42, 1922 MB Woodward  
Registrar. MD

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.)

3/11/42