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## Standard Certificate of Birth

FILE No.—For State Registrar Only

02288

## 1. PLACE OF BIRTH

County of OrangeburgTownship of Willowor  
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>	4. Twin, triplet or other births	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)
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9. Full name <u>Julius Fuel</u>	FATHER <u>Willow Township</u>
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18. Name before marriage <u>Emma Mitchell</u>	MOTHER <u>Willow Township</u>
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10. Residence (mailing address)  
(If non-resident, give place and State) Orangeburg Co.19. Residence (mailing address)  
(If non-resident, give place and State) Orangeburg Co.11. Color or race colored20. Color or race \_\_\_\_\_ 21. Age at child's birth 17 (years)13. Birthplace (city or place)  
(State or country) Orangeburg S.C.22. Birthplace (city or place)  
(State or country) Orangeburg S.C.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Concrete worker23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife15. 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 \_\_\_\_\_25. Date (month and year) last  
engaged 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, \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
period of gestation \_\_\_\_\_ 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.Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_(Signed) Julius Fuel, Parent  
or \_\_\_\_\_ GuardianAddress 672 Neptune Ave. Bldg. N.Y.Filed 3/23/42 19 MB Woodward  
Registrar. MD

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