

II (1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3352

County of Charleston

Township of

or

Inc. Town of

City of Phoenix

(if birth occurs in a hospital or

100-443887-100

Registration District No. 9A Registered No. 194

red No.
(For use of Local Religious)

2) Full Name of Child Ernest Gordon Mitchell (If child is not yet named, state

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

BOY OR GIRL? *12*

(4) Twin
or Triplet?

(5) Number in order of birth

(6) Are Parents

(7) DATE OF _____

FATHER

9) FULL NAME Reese Washington Nimsch

11 PRESENT
POSTOFFICE
OF BATHED *Johnston H.*

(ii) AGE AT LAST BIRTHDAY 29
(Year)

2) BIRTHPLACE
C O - 1 - 1 - 1

43) OCCUPATION *P*

20) Number of children born to mother, including present birth | ... *Three* ...

(14) NAME BEFORE MARRIAGE *L. J. ...*

(15) PRESENT POSTOFFICE OF MOTHER *Phelan St*

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23

(18) BIRTHPLACE Bethesda, Md.

(19) OCCUPATION *Dr. J. J.*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was born alive, at D.P. on the date above stated. (Born alive or stillborn) (House 1, 3)

(23) (Signature) *J. Frank MacArthur*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Item name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark) 11 29

(27) Filed 2/22/22 181 (28) *March 2002*
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.

Registrar