

Form No 1.

(1) PLACE OF BIRTH

County of BamberTownship of Bamberor
Inc. Town of Bamberor
City of Bamber(No. St.; Ward)
(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

48066

Registration District No. 4A Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Hannah Elizabeth Mitchell (If not named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2 1 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Miss A. Mitchell</u>			(14) NAME BEFORE MARRIAGE <u>Miss Mae Cox</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bamber</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bamber</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY	(Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION <u>Mail Carrier</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Bamber, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. H. H.

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

Given name added from a supplement-
tal reportJune 29 1916W. H. H. H.
def. 5/1/16 Registrar(26) Witness W. H. H. H.
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 2 1916 (28) W. H. H. H.
Local RegistrarMARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH DELETING INK—THIS IS A PERMANENT RECORD.
*In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Chv. of ColumbiaWhen 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.