

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

N. C. DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Danvers
Township of Williston
or
Inc. Town of Williston
or
City of Williston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

No. 1

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1916
(To be answered only in event of Twins or Triplets) (If child is not yet named, make supplemental report as directed)

FATHER.
(8) FULL NAME C. C. Mitchell
(9) PRESENT POSTOFFICE OF FATHER Williston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE Williston S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Carrie Hires
(15) PRESENT POSTOFFICE OF MOTHER Williston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE Williston S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

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

(27) Filed 19 (28) J. H. Smith 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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
63176

Registration District No. 573 Registered No. (For use of Local Registrar)

(No. St.; Ward)