

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Pinckney
 or
 Inc. Town of Lone Star Registration District No. 803 Registered No. 84
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
75930

(2) Full Name of Child Julia Mitchell (If child is not yet named, make supplemental report as directed)

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 8 1906</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mike Mitchell

(9) PRESENT POSTOFFICE OF FATHER Fort Matthes

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE Lone Star

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Fort-Matthes

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Fort-Matthes

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at... 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Buckner

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

(26) Witness Mrs. J. D. Stouderman
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 20 1906 (28) J. D. Stouderman
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.