

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Calhoun  
 Township of Pinckney  
 or  
 Inc. Town of Lone Star  
 or  
 City of .....  
 (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  
**75930**

Registration District No. 803 Registered No. 84  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8, 1906  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Mike Mitchell  
 (9) PRESENT POSTOFFICE OF FATHER Fort Matthe SE  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60 (Years)  
 (12) BIRTHPLACE Lone Star SE  
 (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-Matthe SE  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Fort-Matthe SE  
 (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 (25) Address of Physician or Midwife Fort Matthe SE

Given name added from a supplemental report

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

..... 19 ..  
 Registrar

(27) Filed Sept 20, 1906 (28) J. D. Stonder  
 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.