

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 BY COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of St. P. St. M.  
OR  
Inc. Town of.....  
OR  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**41401**

Registration District No. 909 Registered No. 220  
(For use of Local Registrar)

(No. Union Heights St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 21, 1922  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Peter Mitchell MOTHER. (14) NAME BEFORE MARRIAGE Estelle Nelson

(9) PRESENT POSTOFFICE OF FATHER Union Heights Myers S. C. (15) PRESENT POSTOFFICE OF MOTHER Myers S. C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 90 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26  
(Years) (Years)

(12) BIRTHPLACE Mt. Holly S. C. (18) BIRTHPLACE Charleston S. C.

(13) OCCUPATION Phosphate (Labourer) (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Ida Weston

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

Given name added from a supplemental report

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

(27) Signed Dec. 23, 1922 (28) C. F. Myers 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.

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