

(1) PLACE OF BIRTH

County of *Aiken*Township of *Sangley SC*Inc. Town of *Sangley SC*City of *Sangley SC*

(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

37010

Registration District No. *V.17.2* Registered No. *109*

(For use of Local Registrar)

St. *16* Ward

(2) Full Name of Child

Brantly Otis Mitchell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

Yes

(5) Number in order of birth

3rd

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

*11/16**16**1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Otis Mitchell

(9) PRESENT POSTOFFICE OF FATHER

Sangley SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Sangley SC

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Buford

(15) PRESENT POSTOFFICE OF MOTHER

Sangley SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Sangley SC

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sangley SC

Given name added from a supplemental report?

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Dec 5 1922

(28) *J. W. Spradley* 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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