

## (1) PLACE OF BIRTH

County of Union  
 Township of Union  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12315

Registration District No. 4207 Registered No. 29  
 (For use of Local Registrar)

(No. 9 Washington 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 Bessie Mitchell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 6, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Mitchell  
 (9) PRESENT POSTOFFICE OF FATHER Union S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Union S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 10

## MOTHER.

(15) NAME BEFORE MARRIAGE Neola Stevens  
 (16) PRESENT POSTOFFICE OF MOTHER Union S.C.  
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 24  
 (19) BIRTHPLACE Union S.C.  
 (20) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa McBride(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5101923(28) Local RegistrarLocal RegistrarLocal RegistrarLocal 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.