

(1) PLACE OF BIRTH

County of MecklenburgTownship of SouthCity 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

Registration District No. 4206

File No.—For State Registrar Only

8767Registered No. 6
(For use of Local Registrar)(No. — St. — Ward —)(2) Full Name of Child Hilda J. Mitchell

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

(3) SEX OF CHILD <u>Girl</u>	(4) TIME OF BIRTH <u>7:45</u>	(5) NUMBER IN ORDER OF BIRTH <u>6th</u>	(6) DATE OF BIRTH <u>1-23-23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER	
(14) NAME BEFORE MARRIAGE <u>S. S. Mitchell</u>		(14) NAME BEFORE MARRIAGE <u>Letha Suggs</u>	
(15) PRESENT POSTOFFICE OF FATHER <u>Mecklenburg</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mecklenburg</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Year)
(12) BIRTHPLACE <u>Mecklenburg S.C.</u>		(12) BIRTHPLACE <u>Mecklenburg S.C.</u>	
(13) OCCUPATION <u>Teacher</u>		(13) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>6th</u>		(18) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) A. P. McEachern

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mecklenburg S.C.

Given name added from a supplemental report

Janet S. Suggs
June 14 1923
Registrar

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

(27) Filed 710 19 23 (28) L. B. Johnston Jr. Local Registrar

If 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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