

(1) PLACE OF BIRTH

County of Micou  
Municipality of Laurens  
or  
the Town of .....

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

No. for State Register Card  
8787

Registration District No. 4206 Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Hilda J. Mitchell  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD	(4) TIME OF BIRTH	(5) NUMBER IN ORDER OF BIRTH	(6) AGE AT BIRTH	(7) DATE OF BIRTH
	To be covered only in case of Twin or Triplets		<u>7/10</u>	<u>1-23-23</u>
FATHER			MOTHER	
(8) FULL NAME	<u>S. S. Mitchell</u>		(14) NAME BEFORE MARRIAGE	<u>Lethia Rogers</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Micou S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Micou S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>White</u> <u>42</u>	(16) COLOR OR RACE	<u>White</u> <u>29</u>
(12) BIRTHPLACE	<u>Micou S.C.</u>		(18) BIRTHPLACE	<u>Micou S.C.</u>
(13) OCCUPATION	<u>Teacher</u>		(19) OCCUPATION	<u>None</u>
(20) Number of children born to mother, including present birth	<u>6</u>		(21) 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 ..... at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) A. P. McKeown  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Micou S.C.

Given name added from a supplemental report  
Janie S. Sirey  
June 14 1923  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7/10 1923 (28) R. B. Jeter 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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