

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Campobello  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16699

Registration District No. H.S.P. 15 Registered No. 17  
 (For use of Local Registrar)

City of ..... (No. .... 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 Leiland Roy Mitchell child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 9, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Le Harlie Mitchell(9) PRESENT POSTOFFICE OF FATHER Fingerville SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21  
 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Annos(15) PRESENT POSTOFFICE OF MOTHER Fingerville SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.S. Head MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Campobello SC

Given name added from a supplemental report

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

(27) Filed ..... 19 .....

(28) Ben J. Bishop  
 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.