Form No. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 4916

County of Lexington

Township of Gilbert Hollow

Registration District No. 3107

Registered No. 13
(For use of Local Registrar)

or Inc. Town of ....

or 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 Wilbur Mitchell

If 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) Date of Birth [illegible] 19[illegible]
(Name of Month) (Day) (Year)

FATHER.	
(8) Full Name	Luther Mitchell
(9) Present Postoffice of Father	Leesville S.C.
(10) Color or Race	White
(11) Age at Last Birthday	34 (Years)
(12) Birthplace	S.C.
(13) Occupation	Farm Laborer
(20) Number of children born to mother, including present birth	4

MOTHER.	
(14) Name Before Marriage	Carrie Dooley
(15) Present Postoffice of Mother	Leesville S.C.
(16) Color or Race	White
(17) Age at Last Birthday	3[illegible] (Years)
(18) Birthplace	S.C.
(19) Occupation	Domestic
(21) 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 Alive (Born alive or stillborn) at [illegible] M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Catherine [illegible]

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Leesville S.C.

Given name added from a supplemental report

....

.... 19 ....
Registrar

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

(27) Filed .... 19 .... (28) H. O. Shealy
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy. If a child breathes even once, it must not be reported as stillborn.

N. B.—In case of TWINS or TRIPLETS, a SEPARATE certificate must be made out for each child. WRITE PLAINLY, with UNFADING INK. THIS IS A PERMANENT RECORD.