

## (1) PLACE OF BIRTH

County of Charleston  
 Township of \_\_\_\_\_  
 or  
 inc. Town of Charleston  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10306

Registration District No. 9ARegistered No. 596  
(For use of Local Registrar)(No. Roper Hospital; ..... Ward)

If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child Fred Mitchell

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

(3) SEX OR  
ANDBoy(4) ☐ Male  
or ☐ Female

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Age  
in days4 days(7) DATE OF  
BIRTHApr 19, 1922  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEEdwin Mitchell(9) PRESENT  
POSTOFFICE  
OF FATHERChar. S. C.(10) COLOR  
OR  
RACEC(11) AGE AT LAST  
BIRTHDAY40  
(Year)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Lab

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEdna Goodwin(15) PRESENT  
POSTOFFICE  
OF MOTHERChar. S. C.(16) COLOR  
OR  
RACEC(17) AGE AT LAST  
BIRTHDAY33  
(Year)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Dom(20) Number of children born to  
mother, including present birth3(21) Number of children of the mother  
now living, including present birth3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ralph H. Deane

(24) State whether

Phys

(25) Address of Physician or Midwife

CharlestonGiven name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

4/24/22 J. Mercer, Jr.  
RegistrarWhen 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.