

FIRST-BORN No. 1 THE OTHER No. 2, etc. In question 2

(1) PLACE OF BIRTH

County of Darlington S.C.

Township of Clyde

Inc. Town of .....

(City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3621

Registration District No. 1512 Registered No. 10

(For use of Local Registrar)

(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 Annur Mitchell

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Know (7) DATE OF BIRTH February 28, 1923 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME .....  
(9) PRESENT POSTOFFICE OF FATHER .....  
(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY (Years) .....  
(12) BIRTHPLACE .....  
(13) OCCUPATION .....

(14) NAME BEFORE MARRIAGE Corle Mitchell  
(15) PRESENT POSTOFFICE OF MOTHER M. G. Bu. S.C. route 2  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 17  
(18) BIRTHPLACE SC  
(19) OCCUPATION House Girl

(20) Number of children born to mother, including present birth One

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hasty Nicholson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. G. Bu. S.C. route 2 Box 61

(Given name added from a supplemental report)

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

(27) Filed 1923 12 23 (28) W. M. Hagen (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.