

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

OF

Inc. Town of .....

OF

City of Charleston

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

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27482

Registration District No. 9A

Registered No. ....

(For use of Local Registrar)

(No. Open Hospital .... Ward)(2) Full Name of Child Elizabeth Mitchell

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

3 SEX OR  
GENDER Female(4) Twin  
or Triplet? X(5) Number in  
order of birth 1(6) Are  
Parent  
Married? Yes(7) DATE OF  
BIRTH 9-25-23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Robert Mitchell(9) PRESENT  
POSTOFFICE  
OF FATHER 6, Palmetto St.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 20

(Years)

(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Laborn

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lorene Gadsden(15) PRESENT  
POSTOFFICE  
OF MOTHER 158 Smith St.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 17

(Years)

(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Cook(20) Number of children born to  
mother, including recent birth 1(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 158 M.,  
on the date above stated. (Hour of Day or Night) (Hour of Day or P. M.)(23) (Signature) Kath. B. Miller M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Phys. Section, Open HospitalGiven name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

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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.FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1.  
Bureau of Census, Columbia, S. C.