

(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

35995

County of Orangeburg
Township of Orangeburg
or
Inc. Town of.....
or
City of.....

Registration District No. 3613 Registered No. 143
(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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Mitchel
(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32
(Years)
(12) BIRTHPLACE Charleston, Co. S.C.
(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Hunter
(15) PRESENT POSTOFFICE OF MOTHER Orbg. S.C.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE Orbg. Co. S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (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 at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Mamie Hunter
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orbg. S.C.

Given name added from a supplemental report

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

(27) Filed Oct 20 1922 (28) A. L. Fairley 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.