

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of # 3

(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

No. 1a.—For this Register

40403

Registration District No. 2102Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Willie Mitchell

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age in years	(7) DATE OF BIRTH <u>Dec 25 - 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Willie Mitchell</u>			(9) NAME BEFORE MARRIAGE <u>Carrie</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Georgetown</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Georgetown</u>	
(12) COLOR OR RACE <u>Lev</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(14) COLOR OR RACE <u>Lev</u>	(15) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) BIRTHPLACE <u>S.C.</u>
(17) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Housework</u>			
(19) Number of children born to mother, including present birth <u>10</u>			(20) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Mary Price(23) State whether Physician or Midwife midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(25) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

(26) Filed

Jan 24 1924

(27)

M. P. T. R.\*When there was no attending physician or midwife, then the father, householder, or  
if a child breathes even once, it must not be reported as stillborn. No  
before the fifth month of pregnancy.

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

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.