

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland.</u>		STATE OF SOUTH CAROLINA		36195	
Township of <u>Columbia.</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>38A.</u>		Registered No. <u>1869.</u>	
OR				(For use of Local Registrar)	
City of <u>Columbia.</u>		(No. <u>Rear of 620 Elmwood Ave.</u>		Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Margaret Mitchell.</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Female</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>22-Oct.</u> 19 <u>22</u>	
To be answered only in case of Twin or Triplet					
FATHER.			MOTHER.		
(8) FULL NAME <u>John Mitchell.</u>			(14) NAME BEFORE MARRIAGE <u>Lottie Tinesey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S. C.</u>		
(10) COLOR OR RACE <u>Col.</u>			(16) COLOR OR RACE <u>Col.</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Richland County, S.C.</u>			(18) BIRTHPLACE <u>Richland County, S.C.</u>		
(13) OCCUPATION <u>Deceased.</u>			(19) OCCUPATION <u>Domestic.</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 P. M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Harriet Dawkins, Midwife.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>10-27-1922</u>		
Registrar			(28) 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.					

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