

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of Charleston

CERTIFICATE OF BIRTH

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

File No. — For this register only

3136

Res. Town of Registration District No. 9 A Registered No. 211
 or
 City of Charleston (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Joseph Mitchell

(a) BOY OR GIRL? <u>Boy</u>	(b) Type or Trust? <u>—</u>	(c) Number in order of birth <u>—</u>	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>Feb. 21, 1923</u>
FATHER.				MOTHER.
(a) FULL NAME <u>Prize Mitchell</u>				(a) NAME BEFORE MARRIAGE <u>Coris Vance</u>
(b) PRESENT POSTOFFICE OF FATHER <u>48 Nassau St.</u>				(b) PRESENT POSTOFFICE OF MOTHER <u>48 Nassau St.</u>
(c) COLOR OR RACE <u>C</u>	(d) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(c) COLOR OR RACE <u>C</u>	(d) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(e) BIRTHPLACE <u>Charleston</u>				(e) BIRTHPLACE <u>Columbia S.C.</u>
(f) OCCUPATION <u>Laborer</u>				(f) OCCUPATION <u>Cook</u>
(g) Number of children born to mother, including present birth <u>3</u>				(g) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 am on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph Mitchell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 583 1/2 St. A

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 3/3/23 (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.