

## (1) PLACE OF BIRTH

County of MarlboroTownship of Jeffersonor  
Inc. Town of JeffersonCity of Jefferson

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

(2) Full Name of Child not named

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

3) BOY OR GIRL Boy4) Twin or Triplet? No(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? no(7) DATE OF BIRTH Sept 5 1922  
(Name) (Month) (Day) (Year)

## FATHER

8) FULL NAME John Mitchell9) PRESENT POSTOFFICE OF FATHER Chw St.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 25  
(Years)12) BIRTHPLACE St13) OCCUPATION laborer20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Anney Abraham(15) PRESENT POSTOFFICE OF MOTHER Chw St.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE St(19) OCCUPATION laborer(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 born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John H. Warner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chw St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 7 1922 (28) W. H. Ward 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31317

Registration District No. 3304 Registered No. 137  
(For use of Local Registrar)