

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Aiken

Township of North Augusta, S. C.

or
Inc. Town of

or
City of

(If birth

in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2 C

FILE No.—For State Registrar Only

03827

Registered No.

(For use of Local Registrar)

(No. 258 West Ave. St.; Ward)

2. FULL NAME OF CHILD

Edgar Burris Mitchell

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

3. Boy XXXX

If Plural
births

4. Twin, 6

other.....

6. Premature.....

7. Are Parents

8. Date of birth

November 19, 1916

5. Number

of birth.....

Full term.....

Yes

Married?.....

Yes

(Month, day, year)

9. Full name

FATHER

Edgar Pearson Mitchell

18. Name before marriage

MOTHER

Mary Alice Fairbank

10. Residence (mailing address)

North Augusta, SC

(If non-resident, give place and State)

19. Residence (mailing address)

North Augusta, SC

(If non-resident, give place and State)

11. Color or race White

12. Age at child's birth

34

(years)

20. Color or race White

21. Age at child's birth

26

(years)

13. Birthplace (city or place)

Williston, S. C.

(State or country)

22. Birthplace (city or place)

Baltimore, Maryland.

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Railroad

employee.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

House-wife.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Flagman.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

1937

19.....

17. Total time (years) spent in this work

32

25. Date (month and year) last engaged in this work

19.....

26. Total time (years) spent in this work

33

27. Number of children of this mother (At time of birth and including this child)

Born alive and now living..... 3

(b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation.....

months
weeks

Time of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of child, who was born at 10:45 A.m. on the date above stated.

(Signed) Mary Fairbank Mitchell Parent

or..... Guardian

Address 1004 - 5th Ave. N. St. Petersburg, Florida.

Filed 10/23/42 M. B. Woodford Registrar.

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Registrar.

9-29-42