

THIS IS A PERMANENT RECORD. 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>Anderson</u>		STATE OF SOUTH CAROLINA		40858	
Township of <u>Martin</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>359</u>		Registered No. <u>95</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>J. T. Mielch</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</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>Oct 10 1922</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Mielch</u>			(14) NAME BEFORE MARRIAGE <u>Hena Parnell</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson R#3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson R#8</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>44</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u>
		(Years)			(Years)
(12) BIRTHPLACE <u>Anderson Co.</u>			(18) BIRTHPLACE <u>Anderson Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</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>2:30</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. C. Mielch</u>			(25) Address of Physician or Midwife <u>Anderson</u>		
(24) State whether 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>Jan 8 1923</u> (28) <u>R. P. Robinson</u> Local Registrar.		
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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