

MARGIN RESERVED FOR BINDING

WHITE 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  
County of Hawthorn  
Township of Peetles  
or  
Inc. Town of Cummins  
or  
City of Se  
(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)

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

File No.—For State Registrar Only  
**22560**

Registration District No. 2402  
Registered No. 19  
(For use of Local Registrar)  
St. Se Ward Se

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

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 25</u> 19 <u>22</u> <small>(Name of Month, Day, Year)</small>
FATHER:				
(8) FULL NAME <u>Le Roy Mixson</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Cummins</u>				
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>29</u> (Years)				
(12) BIRTHPLACE <u>Se</u>				
(13) OCCUPATION <u>Farmer</u>				
(20) Number of children born to mother, including present birth <u>one</u>				
MOTHER:				
(14) NAME BEFORE MARRIAGE <u>Jobitha Mixson</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Cummins</u>				
(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years)				
(18) BIRTHPLACE <u>Se</u>				
(19) OCCUPATION <u>Housewife</u>				
(21) Number of children of this mother now living, including present birth <u>one</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 am on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) J. H. Campbell  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Cummins Se

Given name added from a supplemental report

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

(27) Filed July 27 1922 (28) J. H. Campbell 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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