

See also No. 9344

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of Sumter
 or
 City of Sumter

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9342

Registration District No. 7th Registered No. 49
 (For use of Local Registrar)

(No. Broad St. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Amos Mitchell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 21, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>David Mitchell</u>	(14) NAME BEFORE MARRIAGE <u>Lucile McLaughlin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>		
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(18) BIRTHPLACE <u>Oswego S.C.</u>		
(12) BIRTHPLACE <u>Antstburg S.C.</u>	(19) OCCUPATION <u>Household</u>		
(13) OCCUPATION <u>Farm Labor</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		
(20) Number of children born to mother, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Conelia Albert
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Route 4 Box 12 Sumter

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 19 (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.

RECORD OF BIRTHS—THIS IS A PERMANENT RECORD. WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE PLAIN FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.