

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of *Spartanburg*

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

## (2) Full Name of Child

*Katherine Rilla Mitchell*

File No.—For State Registrar Only

32108

Registration District No. *40-a*Registered No. *401*  
(For use of Local Registrar)(No. *324 S. Lawrence* St.; ..... Ward)

3) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

*September 25, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

*Henry G. Mitchell*

9) PRESENT POSTOFFICE OF FATHER

*Spartanburg, S.C.*

10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*27*  
(Years)

12) BIRTHPLACE

*Ga*

13) OCCUPATION

*Manager oil Co. Plant*

20) Number of children born to mother, including present birth

*13*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Agnes Wiley Holt*

(15) PRESENT POSTOFFICE OF MOTHER

*Spartanburg S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*20*  
(Years)

(18) BIRTHPLACE

*Ga*

(19) OCCUPATION

*Home*

(21) Number of children of this mother now living, including present birth

*13*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at *1 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*W. M. Boyd*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Spartanburg S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*10-1-*19 *22*

(28)

*Gas Copes*

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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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 3.

McGraw-Hill, Columbia, S. C.

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