

(1) PLACE OF BIRTH, County of <u>Union</u> Township of <u>Union</u> or Inc. Town of or City of <u>Union</u> (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 74975	
(2) Full Name of Child <u>Pearline Mitchell</u>		Registration District No. <u>42-A</u>		Registered No. <u>1251</u> (For use of Local Registrar)	
(3) SEX OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 11, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jim Mitchell</u>			(14) NAME BEFORE MARRIAGE <u>Kate Sanders</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Union Co SC</u>		(18) BIRTHPLACE <u>Union Co SC</u>			
(13) OCCUPATION <u>mill work</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. K. K.</u>		(25) Address of Physician or Midwife <u>Union SC</u>			
(24) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 16, 1916</u> (28) <u>D. G. Sarra</u> 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.