

County of Spokane
Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Use

5290

Township of

Inc. Town of.....

City of San Francisco

Registration District No. 4008

Registered No. 37
(For use of Local Registrar)

(No. **Q.F.F.2**)

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 Yda Patricia M. Mullen child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <i>girl</i>	(2) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <i>Yes</i>	(5) DATE OF BIRTH <i>Feb 18 93</i> (Name of Month) (Day) (Year)
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10-707 (Rev. 5-22-64)

FATHER.

8. FULL NAME *Ozel Mitchel*

9. PRESENT POSTOFFICE OF FATHER *Spartanburg*

10. COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *20* (Years)

12. BIRTHPLACE *Spartanburg*

13. OCCUPATION *Fertilizer Wks.*

20. Number of children born to

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Sims*

(15) PRESENT POSTOFFICE OF MOTHER *Shartanburg*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *Shartanburg*

(19) OCCUPATION *house work*

(21) Number of children of this mother now living. Indicate present birth order.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive and well born at 1300 hours on the date above stated.
(Born live or stillborn. Hour A. M. or P. M.)

(28) (Signature) Grace Ferguson Wid

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only)

when question 23 is signed by mark)
Feb 20 1923 Mrs. E. F. Garke

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or needed before the fifth month of pregnancy.