

(1) PLACE OF BIRTH

County of BarnwellTownship of Bull Pond

Inc. Town of _____

City of _____

(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

88459

Registration District No. 506Registered No. 89
(For use of Local Registrar)(2) Full Name of Child deazgy mitcherson

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 11 1911

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER

(3) FULL NAME

majormitcherson

(4) PRESENT POSTOFFICE OF FATHER

allendale S.C.

(5) COLOR OR RACE

Black

(6) AGE AT LAST BIRTHDAY

47 (Years)

(7) BIRTHPLACE

Bull Pond

(8) OCCUPATION

farm

(9) Number of children born to mother, including present birth

10

MOTHER

(10) NAME BEFORE MARRIAGE

Liddia Taylor

(11) PRESENT POSTOFFICE OF MOTHER

allendale S.C.

(12) COLOR OR RACE

Black

(13) AGE AT LAST BIRTHDAY

38 (Years)

(14) BIRTHPLACE

Bull Pond

(15) OCCUPATION

farm

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alberta Ford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife allendale S.C.

Given name added from a supplemental report

(26) Witness

M. A. Mitcherson

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

(27) Filed

Dec 14 1911

(28)

J. H. Rouse

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.

Form No. 10. MARGIN—RESERVED FOR USE IN THE RECORDS OF THE BUREAU OF VITAL STATISTICS. THIS IS A PERMANENT RECORD. 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.

MARY, of Columbia