

(1) PLACE OF BIRTH

County of Chas. S.C.

Township of

OR

Inc. Town of

OR

City of Chas. S.C.

(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

9 A

Registration District No.

File No. — For State Registrar Only

41346

Registered No. 2010

(For use of Local Registrar)

(No. 20 Burnside Lane St.; Ward)

(2) Full Name of Child

Nathan Mitchell

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

(3) BOY OR GIRL Boys

(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 17 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Mitchell

(9) PRESENT POSTOFFICE OF FATHER

Chas S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE

Chas S.C.

(13) OCCUPATION

Painter

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucille Smith

(15) PRESENT POSTOFFICE OF MOTHER

Chas S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Chas S.C.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.) 4 A.

(23) (Signature) Alia Bryant

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 115 Chas.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/23 19 22

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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—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 6.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.