

(1) PLACE OF BIRTH

County of DorchesterTownship of AlleInc. Town of AlleCity of Alle

(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

Registration District No. 17.23

No. - For State Register

35702

Registered No. 50
(For use of Local Registrar)(2) Full Name of Child Joseph Edward Mims

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

(a) SEX OF CHILD <u>Boy</u>	(b) Type of Infant <u>To be reported only in case of Twin or Triplet</u>	(c) Rank by order of birth	(d) Age of Mother <u>30</u>	(e) DATE OF BIRTH <u>Sept. 7, 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME <u>J. S. Mims</u>	(14) NAME BEFORE MARRIAGE <u>Mellie Wimberly</u>	(10) PRESENT RESIDENCE OF FATHER <u>Dorchester, S. C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Dorchester, S. C.</u>
(11) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(12) COLOR <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(13) BIRTHPLACE <u>S. C.</u>	(15) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>S. C.</u>	(17) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 94 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Mims(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St. Louis, Mo.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Dec. 12, 1923 (28) Betty J. Mims Local Registrar

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 of stillbirths before the fifth month of pregnancy.

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