

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*or:  
Inc. Town of .....or:  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Samuel Mitchell*(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH: *Nov. 29, 22*  
(Name of Month) (Day) (Year)(8) FULL NAME: *Samuel Mitchell* FATHER: (14) NAME BEFORE MARRIAGE: *Pearl Grant* MOTHER:(9) PRESENT POSTOFFICE OF FATHER: *North Charleston* (15) PRESENT POSTOFFICE OF MOTHER: *North Charleston*(10) COLOR OR RACE: *Col.* (11) AGE AT LAST BIRTHDAY: *22* (16) COLOR OR RACE: *Col.* (17) AGE AT LAST BIRTHDAY: *19*  
(Year) (Year)(12) BIRTHPLACE: *Charleston Co.* (18) BIRTHPLACE: *Charleston Co.*(13) OCCUPATION: *Samuel Laborer* (19) OCCUPATION: *Housework*(20) Number of children born to mother, including present birth: *1* (21) Number of children of this mother now living, including present birth: *1*(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) *Daphne Grant* (24) State whether Physician or Midwife *R. Midwife* (25) Address of Physician or Midwife *7 Mile*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) *C. T. Myers*(27) Filed *April 5, 22* (28) *C. T. Myers* 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6930

Registration District No. *909* Registered No. *58*  
(For use of Local Registrar)(No. *7 Mile* St. *58* Ward)

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

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