

(1) PLACE OF BIRTH

County of Greenville
 Town of Greenville

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
89948

Inc. Town of Greenville, Registration District No. 1 Registered No. 152
 or
 City of Greenville, S. C. No. 223 McCall St. St. 5 Ward 5
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Not yet named John Mitchell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2nd (5) Number in order of birth 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/11/16 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh V. Mitchell
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Greenville, County.
 (13) OCCUPATION Printer.
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Clint Jenkinson.
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Greenville, County,
 (19) OCCUPATION Housewife.
 (21) Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alive at 10.05 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

M. M. May 29 1904

M. B. Woodward, M.D.
Asst. Registrar

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

(27) Filed Dec 11 1916 (28) [Signature] 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.
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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.