

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Charleston .....

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

2) Full Name of Child Eugene Stanley Mitchell

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 31 1914  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Eugene Stanley Mitchell(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION bandy maker(14) Number of children born to mother, including present birth 1 First

## MOTHER

(14) NAME BEFORE MARRIAGE Ernestine Hawkins(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 16  
(Years)(18) BIRTHPLACE Jacksonville P.F., Ga(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1 First

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at .....  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Dr. J. P. Wilson(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Charleston S.C.(25) Witness (Signature of Witness necessary only when question 23 is signed "Midwife") J. M. Green(26) Filed 1/4 1915

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, or a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.