

(1) PLACE OF BIRTH

County of LaludaTownship of 5or
Inc. Town ofor
City of

(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

File No. — For State Registrar Only
22475

 Registration District No. 32.44 Registered No. 30
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>410</u>	(7) DATE OF BIRTH <u>July 10, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Mitchell</u>			(14) NAME BEFORE MARRIAGE <u>Lucia Black</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sainta Sl.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lucia Sl.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Sl.</u>			(18) BIRTHPLACE <u>Sl.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Margaret Triplett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 11, 1923(28) Attest at Kirkland
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.