

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

Index.—For State Registrar Only

9028

County of CitrusTownship of Swamp

Inc. Town of

City of

Registration District No. 203 Registered No. 16

(For use of Local Registrar)

(No. St.; Ward)

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

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

(3) SEX OR GROWTH Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 18 23
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Mitchell
(9) PRESENT POSTOFFICE OF FATHER Wagoner
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE IL
(13) OCCUPATION Farm
(14) Number of children born to mother, including present birth 14

MOTHER.
(15) NAME BEFORE MARRIAGE Juno Zimmerman
(16) PRESENT POSTOFFICE OF MOTHER Wagoner
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 27
(19) BIRTHPLACE IL
(20) OCCUPATION Farm
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Jones(24) State whether Physician or Midwife Midwife(25) Signature of Physician or Midwife Wagoner

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed "Stillborn")

(27) Filed Apr 30 23 (28) 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.