

1. PLACE OF BIRTH

Township of

County of Hallatan

or

Inc. Town of Walterboro

or

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1409

FILE No.—For State Registrar Only

3532-a

Registered No.

(For use of Local Registrar)

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
 FULL NAME OF CHILD Rosa Mitchell If child is not yet named, make supplemental report as directed.

Boy or Girl

Girl

If Plural

births

4. Twin, triplet, or other

6. Premature

7. Legiti-

Yes

8. Date of

birth

Feb. 4th, 1923

(Month, day, year)

5. Number, in order of birth

Full term

Full

name

FATHER

Joseph Mitchell

18. Full

maiden

name

MOTHER

Ella Mitchell

9. Residence (usual place of abode)

(If nonresident, give place and State)

Walterboro, S.C.

19. Residence (usual place of abode)

(If nonresident, give place and State)

Walterboro, S.C.

Color or race

Col.

12. Age at last birthday

25

(Years)

20. Color or race

Col.

21. Age at last birthday

18

(Years)

Birthplace (city or place)

(State or country)

Green Pond, S.C.

22. Birthplace (city or place)

(State or country)

Walterboro, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fireman

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

At home.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Construction C.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

19

17. Total time (years)

spent in this work

25. Date (month and year) last engaged in this work

19

26. Total time (years)

spent in this work

Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

2

(b) Born alive but now dead

(c) Stillborn

If stillborn,

period of gestation

{ months

weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 A. on the date above stated
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Even name added from

supplemental report

(Date of)

(Signed)

M. D.

or

Christina Johnson

Midwife

Address

Walterboro, S.C.

Filed

10/28, 30

19

Registrar

Registrar

Affidavit of Moth r attached.