

MAKING REMOVED FOR RETURNING.
WRITE PLAINLY. WITH UNFAMING INK—THIS IS A PERMANENT RECORD. AND MAKE THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See question 1
FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1

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

No. 1.—For this register 41386

(1) PLACE OF BIRTH
County of Lee
Township of Bishopville
or Town of.....
or City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3. A. H. V. Registered No. 69.....
(For use of Local Registrar)

(2) Full Name of Child Grand Mitchell Jr.

(3) SEX OF CHILD Male (4) Type or Trade None (5) Number in order of birth 1st (6) Age at birth 23 (7) Date of birth Dec 23, 1923

FATHER.
(8) FULL NAME Grand Mitchell
(9) PRESENT RESIDENCE OF FATHER Bishopville S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE Lee Co
(13) OCCUPATION Farming
(14) NAME BEFORE MARRIAGE Charlotte Fulton
(15) PRESENT RESIDENCE OF MOTHER Bishopville
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Lee Co
(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 10
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was.....
on the date above stated. (Born alive or stillborn) (Mark A. M. or P. M.)
(23) (Signature) Amelia Price
(24) State whether Physician or Midwife Bishopville

Given name added from a supplemental report
(25) Witness.....
(26) Signed D. L. Roney 1923 (27) W. L. Roney 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.