

MADE IN U.S.A. AND FOR U.S.A. ONLY. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THIS OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Thurston
Township of Blaine
or
Inc. Town of
or
City of

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

Registration District No. 34.07

File No.—For State Registrar Only

2039

Registered No. 1
(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 James 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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jun 13 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Mitchell

(9) PRESENT POSTOFFICE OF FATHER Silver Street S.B.R. 2

(10) COLOR OR RACE W.C.

(11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Harte

(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.B.R. 2

(16) COLOR OR RACE W.C.

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm Hand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour a.m. or P.M.)

(23) (Signature) Mary Wallace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chapel Hill S.C.

Given same added from a supplemental report

(26) Witness

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

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Registrar

(27) Filed Jan 14 22 Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.