

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or

Inc. Town of

or

City of Spartanburg(No. Walker St St.; 8 Ward)

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

(2) Full Name of Child Larry Leonard Mitchell child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6.25.16.</u>
<small>(To be answered only in case of twins or triplets)</small>				<small>(Name of Month) (Day) (Year)</small>

(8) FULL NAME <u>William (D.) Mitchell</u>		(14) NAME BEFORE MARRIAGE <u>Effie Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Fireman</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) O.W. Leonard M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

5-27-47 191....Thos. P. Leeson
Registrar

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

(27) Filed July 1, 1916 (28) Joe Copes
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.

MADE PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.
 McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66152

Registration District No. 40-A Registered No. 240

(For use of Local Registrar)

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