

(1) PLACE OF BIRTH

County of Darlington
 Township of Society Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29830

Registration District No. 15C Registered No. 15
 (For use of Local Registrar)

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 Mitchel M. Kay 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30, 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Calvin Williams(14) NAME BEFORE MARRIAGE Susie M. Kay(9) PRESENT POSTOFFICE OF FATHER Society Hill(15) PRESENT POSTOFFICE OF MOTHER Society Hill(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15
 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farm worker(19) OCCUPATION Farm worker(20) Number of children born to mother, including present birth 1(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 alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Susie M. Kay
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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

(27) Filed Oct 9, 22 (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 stillbirth before the fifth month of pregnancy.