

(1) PLACE OF BIRTH

County of Charlotte

Township of

or
Inc. Town ofor
City of Charlotte, N.C.

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25070

Registration District No. 9 ARegistered No. 1126
(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Aug. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. W. Mitchell

(9) PRESENT POSTOFFICE OF FATHER

59 Charlotte

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Poinette

(15) PRESENT POSTOFFICE OF MOTHER

59 Charlotte

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Martha Robinson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

52 Calhoun

(26) Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/12/22

Local Registrar

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*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.