

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		16 092939	
Township of <u>North Augusta, S. C.</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No.		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		(No. <u>258 West Ave.</u> St.;		(For use of Local Registrar)	
2. FULL NAME OF CHILD <u>Edgar Burris Mitchell</u>				If child is not yet named, make supplemental report as directed.	
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents
				Full term <u>Yes</u>	Married? <u>Yes</u>
8. Date of birth	<u>November 19, 1916</u>				
9. Full name <u>Edgar Pearson Mitchell</u>			18. Name before marriage <u>Mary Alice Fairbanks</u>		
10. Residence (mailing address) <u>North Augusta, S. C.</u>			19. Residence (mailing address) <u>North Augusta, S. C.</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at last birthday <u>34</u>	(Years)		20. Color or race <u>White</u>	21. Age at last birthday <u>26</u>
13. Birthplace (city or place) <u>Williston, S. C.</u>		(State or country)		22. Birthplace (city or place) <u>Baltimore, Maryland</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Railroad employee</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Flagman</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work <u>1937</u>		17. Total time (years) spent in this work <u>32</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work <u>33</u>		19.	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead (c) Stillborn					
28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:45 a.m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mary Fairbank Mitchell (parent) M.D.

Given name added from a supplementary report

or, Midwife.

Address 1004-5th Ave. N. St. Petersburg, Fla

Filed 10-23-42, 19 M.B. Woodward, MD.

Registrar.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, MD
Commissioner and State Registrar

Doris M. Byars
Assistant State Registrar