

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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 County of <u>Aiken</u> Township of <u>North Augusta, S. C.</u> or Inc. Town of _____ or City of _____ <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number)</small>		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		FILE No.—For State Registrar Only 16 092939	
2. FULL NAME OF CHILD <u>Edgar Burriss Mitchell</u>		Registration District No. _____		Registered No. _____ <small>(For use of Local Registrar)</small>	
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Are Parents Married? <u>Yes</u>
9. Full name of FATHER <u>Edgar Pearson Mitchell</u>		18. Name before marriage of MOTHER <u>Mary Alice Fairbanks</u>		8. Date of birth <u>November 19, 1916</u> <small>(Month, day, year)</small>	
10. Residence (mailing address) <u>North Augusta, S. C.</u> <small>(If non-resident, give place and State)</small>		19. Residence (mailing address) <u>North Augusta, S. C.</u> <small>(If non-resident, give place and State)</small>			
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> (Years)		
13. Birthplace (city or place) <u>Williston, S. C.</u> <small>(State or country)</small>		22. Birthplace (city or place) <u>Baltimore, Maryland</u> <small>(State or country)</small>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Railroad employee</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Flagman</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work <u>1937</u> , 19 _____		17. Total time (years) spent in this work <u>32</u>	25. Date (month and year) last engaged in this work _____, 19 _____	26. Total time (years) spent in this work <u>33</u>
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 <u>born alive at 10:45 a.m.</u> on the date above stated. <small>(Born alive or stillborn)</small> (When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) <u>Mary Fairbank Mitchell (parent) M.D.</u> or _____, Midwife. Address <u>1004-5th Ave. N. St. Petersburg, Fla</u> Filed <u>10-23-42</u> , 19 _____ <u>M.B. Woodward, MD.</u> _____ 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. Myers
 Assistant State Registrar