

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of .....

City of .....

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

(2) Full Name of Child Belle MitchellFile No. — for State Registrar Only  
**2970**Registration District No. 605Registered No. 25  
(For use of Local Registrar)(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth  
To be entered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 11 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Isaac Mitchell(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ? (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Roseanna Mitchell(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40(2) (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betty Legett Frogmore, S.C.(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J.P. King  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 12 1923 (28) J. W. Johnson

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.