

July 22nd 1902 9342

(1) PLACE OF BIRTH

County of Sumter.....

Township of .....

or Inc. Town of Sumter.....

or City of Sumter.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9344

Registered No. 45

(For use of Local Registrar)

(No. R. F. L. 461-2 St. Grand Ward)

(2) Full Name of Child James Mitchell

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

(3) BOY OR GIRL boy (4) Twin or Triplet? x (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH 3/18 (Name of Month) (Day) (Year) 1902

FATHER.

(8) FULL NAME David Mitchell

(9) PRESENT POSTOFFICE OF FATHER R. F. L. 461-2

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE Stateburg, S. C.

(13) OCCUPATION Farmers

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile McLoughlin

(15) PRESENT POSTOFFICE OF MOTHER R. F. L. 461-2

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Osceola, N. C.

(19) OCCUPATION Farmer

(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 & stillborn (Born alive or stillborn) (Hour or P. M.) 14:30 P. M.

(23) (Signature) James Mitchell

(24) State whether Physician or Midwife Physician or Midwife

Given name added from a supplemental report

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

James Mitchell Registrar

(27) Filed 19 (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 stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR CHILDREN USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.