

SECTION OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. **16216** For State Registrar Only

City of **Williamsburg**
County of **King**

or
Town of Registration District No. **4311** Registered No. **31**
(For use of Local Registrar)
or
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Idelle Mitchem** If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH May 2 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME Russel Mitchem			(14) NAME BEFORE MARRIAGE Hattie M. Clary	
PRESENT POSTOFFICE OF FATHER Kingstree SC			(15) PRESENT POSTOFFICE OF MOTHER Kingstree SC	
COLOR OR RACE negro	(11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR OR RACE negro	(17) AGE AT LAST BIRTHDAY 25 (Years)	
BIRTHPLACE Williamsburg Co			(18) BIRTHPLACE Williamsburg Co	
OCCUPATION Farmer			(19) OCCUPATION House wife	
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

I hereby certify that I attended the birth of this child, who was **alive** as **7** P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) **J. J. Turner**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Kingstree SC Rd.**

Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **May 28 1923** (28) **S. A. Tindale** Local Registrar

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

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