

Form No. 1

(1) PLACE OF BIRTH

County of *Spaulding*Township of *"*

or

Inc. Town of *Glendale*

or

City of *"* (No. *"* St. *"* Ward *"*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Constance Mitchell*(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *"* (5) Number in order of birth *"* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec. 19 1911*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Monroe Mitchell*(9) PRESENT POSTOFFICE OF FATHER *Glendale, N.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *19* (Years)(12) BIRTHPLACE *unknown*(13) OCCUPATION *work in cotton mill*(14) Number of children born to mother, including present birth *2*

MOTHER.

(15) NAME BEFORE MARRIAGE *Sadie Kirby*(16) PRESENT POSTOFFICE OF MOTHER *Glendale, N.C.*(17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE

(19) OCCUPATION *washing, ironing and cooking*(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born alive* (born alive or stillborn) (Hour A. M. or P. M.) *6 A. M.*
on the date above stated.(22) *[Signature]* (23) (Signature) *Sadie Kirby* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *"*Given name added from a supplemental report *Shirley*(26) Witness (Signature of Witness necessary only when question 23 is signed) *[Signature]*(27) Filed *Dec 20 1911* (28) *[Signature]* 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.

WHITE PARENTS, WHEN ENGAGING PRACTITIONERS IN A PHYSICIAN'S OFFICE, and when the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11710

Registered No. *358*
(For use of Local Registrar)Registration District No. *4008*