

(1) PLACE OF BIRTH
County of Christiansburg
Township of Chesapeake
or
Inc. Town of Chesapeake
or
City of Chesapeake
(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 Register Only
35297

Registration District No. 12 A Registered No. 90
(For use of Local Registrar)
St. 1 Ward 1
Full Name of Child Mitchell Howard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>July 31 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Howard</u>			(14) NAME BEFORE MARRIAGE <u>Anna Hunter</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chesapeake</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chesapeake</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Common Laborer</u>			(19) OCCUPATION <u>General Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. H. G. Baker
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chesapeake

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dr. H. G. Baker
(27) Filed Dec 10 23 (28) W. H. D. Paul 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.

Enter the week month of pregnancy