

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

417

City of

or Town of

City of Charleston

Registration District No. 9

Registered No. 27

(Not use of Local Statist)

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

(2) Full Name of Child

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet? ☒

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 18

(If day of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Alexander Mitchell

(14) NAME BEFORE MARRIAGE Julia Peck

(9) PRESENT POSTOFFICE OF FATHER Charleston

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Charleston

(18) BIRTHPLACE 830 South 2nd St

(13) OCCUPATION Housewife

(19) OCCUPATION Wife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, on the date above stated.

(23) (Signature) [Signature]

(24) Street Address of Physician or Midwife 277 Calhoun

(25) Address of Physician or Midwife 277 Calhoun

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question is answered by mark)

(27) Filed 18

(28) 1913

Registrar

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