

THIS IS A PERMANENT RECORD.
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 3.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Pickens
Township of Liberty
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19835

Registration District No. 3705 Registered No. 70
(For use of Local Registrar)

(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 James Hughston Mix If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 7, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Riley Mix
(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C. R 2
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE Pickens Co SC
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Bettie Hughes
(15) PRESENT POSTOFFICE OF MOTHER Pickens SC R 2
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years)
(18) BIRTHPLACE Pickens Co SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Alive at 3.4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William A. Sheldon M.D.
(24) State whether Physician or ~~Midwife~~ (25) Address of Physician or ~~Midwife~~ Liberty SC

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(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.

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