

(1) PLACE OF BIRTH

County *Anderson*Township *Honea Path*

Inc. Town of.....

City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE—FOR REGISTRATION
2827Registration District No. *307* Registered No. *27*

(For use of Local Registrar)

(2) Full Name of Child *Myrtle Lee Mitchell*

(3) SEX OF CHILD <i>Girl</i>	(4) Type of Infant <i>In hospital or other institution</i>	(5) Date of Birth <i>April 4, 1928</i>
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FATHER		MOTHER	
(6) FULL NAME <i>James William Mitchell</i>	(10) FULL NAME <i>Agnes Crumpton</i>	(11) RESIDENT ADDRESS OF FATHER <i>Honea Path S.C.</i>	(11) RESIDENT ADDRESS OF MOTHER <i>Honea Path S.C.</i>
(12) COLOR OR RACE <i>White</i>	(12) COLOR OR RACE <i>White</i>	(13) AGE AT LAST BIRTH <i>20</i>	(13) AGE AT LAST BIRTH <i>17</i>
(14) OCCUPATION <i>Troop's Co. Texon</i>	(14) OCCUPATION <i>Anderson C.</i>	(15) SIGNATURE <i>Miss Wark</i>	(15) SIGNATURE <i>Don</i>
(16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD <i>One</i>	(16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD <i>One</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was *born* on the date above stated. (Respective or signers) (Date A. M. or P. M.) *12:51 A.M.*

(18) SIGNATURE *H. J. Williams*

(19) DATE WHEN BORN *April 4, 1928*

(20) ADDRESS OF PHYSICIAN OR MIDWIFE *Honea Path S.C.*

Given name added from a supplementary report

(21) WITNESSES

(22) SIGNATURE OF WITNESSES (If signed by mark)

(23) SIGNATURE OF LOCAL REGISTRAR

(24) WHEN THIS REPORT IS FILED, THE LOCAL REGISTRAR SHALL SIGN AND DATE THIS REPORT IN DECEASE OF ATTENDING PHYSICIAN OR MIDWIFE