

(1) PLACE OF BIRTH

County of Barnwell
 Township of Rosemary
 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
16781

Registration District No. 11 Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child Peggy Mitchell If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 26, 1922
 (Name of Month) (Day) (Year)

| FATHER | | MOTHER | |
|--|---|--|---|
| (8) FULL NAME <u>W. J. Mitchell</u> | (14) NAME BEFORE MARRIAGE <u>Jamie Harris</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Hilliston SC 122</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Hilliston SC 122</u> |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| (12) BIRTHPLACE <u>SC</u> | (18) OCCUPATION <u>Farmer</u> | (14) BIRTHPLACE <u>SC</u> | (19) OCCUPATION <u>Wife and Field Hand</u> |
| (20) Number of children born to mother, including present birth <u>5</u> | (21) Number of children of this mother now living, including present birth <u>5</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Mitchell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hilliston SC 122

Given name added from a supplemental report

(26) Witness W. J. Mitchell (Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed June 29, 1922 (28) J. H. Johnson 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.