

PLACE OF BIRTH

City of Charleston

County of _____

or

Town of _____

or

City of Charleston, S. C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9-1FILE No. For State Registrar 3150A3150ARegistered No. 326A

(For use of Local Registrar)

Ward Ward

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

FULL NAME OF CHILD Thelma Mitchell Green

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

Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet, or other _____	5. Premature _____	7. Legit- imate <u>Yes</u>	8. Date of birth <u>Feb. 6, 1923</u>
		6. Number, in order of birth _____	Full term _____		(Month, day, year)

Full name <u>William Mitchell</u>	FATHER	18. Full maiden name <u>Thelma Green</u>	MOTHER
---	--------	---	--------

Residence (usual place of abode) (If nonresident, give place and State) <u>12 L. Wren Ct.</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>12 L. Wren Ct.</u>
--	--

Color or race <u>Col.</u>	20. Age at last birthday <u>7</u> (Years)	21. Color or race <u>Col.</u>	22. Age at last birthday <u>14</u> (Years)
---------------------------	---	-------------------------------	--

Birthplace (city or place) (State or country) <u>Charleston, S. C.</u>	23. Birthplace (city or place) (State or country) <u>Charleston, S. C.</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. <u>Laborer</u>	24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEWORK</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	26. Date (month and year) last engaged in this work _____	27. Total time (years) spent in this work _____
--	--	--	--

Number of children of this mother (At time of this birth and including this child) _____	(a) Born alive and now living <u>1</u>	(b) Born alive but now dead _____	(c) Stillborn _____
---	--	-----------------------------------	---------------------

If stillborn, period of gestation _____	28. Cause of stillbirth _____	Before labor _____	During labor _____
--	-------------------------------	--------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated
(Born live or stillborn)(Signed) Maria Moultrie M. D.
or Maria Moultrie MidwifeAddress 24 Morgan St.Filed 1819 19 31 6 9 (Date of)