

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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 6.

(1) PLACE OF BIRTH

County of Charleston
Township of Christ Church
or
Inc. Town of Andrew
or

City of (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 George E. Mitchell

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 24, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Mitchell
(9) PRESENT POSTOFFICE OF FATHER Andrew
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Andrew
(13) OCCUPATION Harmon
(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Elie Steed
(15) PRESENT POSTOFFICE OF MOTHER Andrew
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE Andrew
(19) OCCUPATION Harmon
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Kinsler
(24) State whether Physician or Midwife

Not a midwife but was in the home and assisted

Given name added from a supplemental report

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

(27) Filed Jan 26, 1922 (28) J. Kinsler
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.

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

File No.—For State Registrar Only

600

Registration District No. 901 Registered No. 16
(For use of Local Registrar)