

22 050054

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
 County of WILLIAMSBURG COUNTY **Standard Certificate of Birth**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Hope  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar, Only

1974

 Registration District No. 4301 Registered No. 7  
 (For use of Local Registrar)

 2. FULL NAME OF CHILD Edward Lucion Mitchum If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married <u>yes</u>	8. Date of birth <u>June 23 1922</u> 19..... (Month, day, year)
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9. Full name <u>Oliver D Mitchum</u>	FATHER	18. Name before marriage <u>Ethel Mitchum</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Hope, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Hope, S.C.</u>
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11. Color or race <u>White</u>	12. Age at last birthday <u>28</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>22</u> (Years)
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13. Birthplace (city or place) (State or country) <u>S.C.</u>	22. Birthplace (city or place) (State or country) <u>S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....	24. 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 ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work.....	26. Total time (years) spent in this work.....

 27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living... 2 (b) Born alive but now dead... 0 (c) Stillborn... 0

28. If stillborn, period of gestation..... months weeks	29. Cause of stillbirth.....	(Before labor.....)	(During labor.....)
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

 I hereby certify that I attended the birth of this child, who was Alive at 11 AM m. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

 (Signed) W. M. O'Byrne, M.D.

or ..... Midwife.

 Given name added from  
 a supplementary report.....  
 (Date of)

 Address Greenville S.C.

 Filed Feb 9, 1940 M. W. O'Byrne  
 Registrar.

Registrar.

Registrar.