

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)

22 050054

1. PLACE OF BIRTH
County of WILLIAMSBURG COUNTY **Standard Certificate of Birth**
Township of Hope **STATE OF SOUTH CAROLINA**
or
Inc. Town of _____ **Bureau of Vital Statistics**
or
City of _____ **State Board of Health**
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
Registration District No. 4301 Registered No. 2 (For use of Local Registrar)
St.; _____ Ward)

FILE No.—For State Registrar, Only
1974

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

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth June 23 1922 19____
Full term V Married yes (Month, day, year)

9. Full name Oliver D Mitchum FATHER 18. Name before marriage Ethel Mitchum MOTHER

10. Residence (mailing address) Heineman S.C. 19. Residence (mailing address) Heineman SC
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 28 (Years) 20. Color or race White 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) S.C. 22. Birthplace (city or place) S C
(State or country) (State or country)

OCCUPATION	OCCUPATION
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 _____ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged 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, _____ months _____ weeks 29. Cause of stillbirth _____
period of gestation _____ (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 11am 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) Wm. O. Bryan, M.D.

or _____, Midwife.

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

Address Greenville S.C.

Filed Feb 9 1940 Wm. O. Bryan
Registrar. Registrar.

Registrar.