

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Brooksor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Robert Lee Mitchell

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>L</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert Mitchell(9) PRESENT POSTOFFICE OF FATHER Ninety-Six S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE

Greenwood County

(13) OCCUPATION

Farmer Work.(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Deane(15) PRESENT POSTOFFICE OF MOTHER Ninety-Six S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE

Greenwood County

(19) OCCUPATION

Farmer Work.(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) George Anne Price(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Paul

Given name added from a supplemental report

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

(27) Filed Dec 11 1922 (28) A. P. King 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.