

Form No. 3

(1) PLACE OF BIRTH

County of AndersonTownship of Hall

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71277

Registration District No. 306 Registered No. 119

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. Edna Virginia Mitchell If child is not yet named, make supplemental report as directed(3) BOY-OR
GIRL?(4) Twin
or Triplet? ☒(5) Number in
order of birth 1

to be answered only in event of Twins or Triplets

(6) Are
Parents
Married? ☒(7) DATE OF
BIRTHAug 8th 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEClinton Marion Mitchell(9) PRESENT
POSTOFFICE
OF FATHERIva(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY26

(Years)

(12) BIRTHPLACE

Anderson Co,

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE
MARRIAGETomie Beattie Beck(15) PRESENT
POSTOFFICE
OF MOTHERIva S. D.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY25

(Years)

(18) BIRTHPLACE

Asheville Co

(19) OCCUPATION

House wife(20) Number of children born to
mother, including present birth21(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7:45 a. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. Burruss M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Iva S. D.Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 29 19116

(28)

S. M. McAdams

Local Registrar

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.

Fifth month of pregnancy.

N. H.—In cases of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, this OFFICE, No. 2, etc., in question 5.
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