

(3) PLACE OF BIRTH  
County of Orangeburg  
Township of Egypt  
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

4807

Registration District No. 3604 Registered No. 16  
(For use of Local Registrar)

(2) Full Name of Child Lucette May Mitchell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 14, 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(1) FULL NAME Monty Mitchell  
(2) PRESENT POSTOFFICE OF FATHER North Carolina  
(3) COLOR OR RACE negro (4) AGE AT LAST BIRTHDAY 20 (Years)  
(5) BIRTHPLACE Orangeburg, S.C.  
(6) OCCUPATION Farming  
(7) Number of children born to mother, including present birth 1

**MOTHER.**

(8) NAME BEFORE MARRIAGE Louise Harris  
(9) PRESENT POSTOFFICE OF MOTHER North Carolina  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE Orangeburg, S.C.  
(13) OCCUPATION Fruit Handler  
(14) 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 born alive at Orangeburg, S.C. on the date above stated. (Hour A. M. or P. M.) 6:45

(23) (Signature) Samuel S. S. S.  
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife North Carolina

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed 2/23 1923 (27) J. A. Wailes 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.

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