

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

(2) Full Name of Child Anna Elizabeth MitchellRegistered No. 418
(For use of Local Registrar)

(3) SEX OR SEX <u>Girl</u>	(4) Twin or Triplet <u>X</u> To be reported only in event of Twin or Triplet	(5) Number in order of birth <u>X</u>	(6) Age Parent Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 28, 1923</u> (Month of Birth) (Day) (Year)
-------------------------------	--	--	---	---

FATHER.

(8) FULL
NAME Ezra Lee Mitchell(9) PRESENT
POSTOFFICE
OF FATHER 9th Line
Charleston S.C.(10) COLOR
OR
RACE Colored (11) AGE AT LAST
BIRTHDAY 26
(Year)(12) BIRTHPLACE Rainier, S.C.(13) OCCUPATION Labour -(14) Number of children born to
mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE
MARRIAGE Daisy Lee Bradley(15) PRESENT
POSTOFFICE
OF MOTHER 9th Line
Charleston, S.C.(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 24
(Year)(18) BIRTHPLACE Kingstree, S.C.(19) OCCUPATION House wife(21) Number of children of this mother
now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9th Line
on the date above stated. (Hour 2 P. M.)(23) (Signature) Dr. M. J. Thorne(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 8th Street, Charleston, S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by nurse)(27) Filed 3/0 2319
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.

Registrar

MARGIN RESERVED FOR RECORD.

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Census, Columbia, S. C.