

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

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 John Mikell

File No.—For State Registrar Only

41269

Registration District No. 9ARegistered No. 1914

(For use of Local Registrar)

(No. 18 Magazine St. Ward)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be marked only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joshua Mikell

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

John's Island

(13) OCCUPATION

Labner

MOTHER.

(14) NAME BEFORE MARRIAGE

Katy Jones

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

John's Island

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

Two

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/5 23

(28)

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.

JUN 24 1940