

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING 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 4.

REGISTRATION DISTRICT, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>Lowndes</u>		STATE OF SOUTH CAROLINA		3519	
TOWNSHIP OF <u>2nd St. Lawrence</u>		Bureau of Vital Statistics			
OR		State Board of Health			
INC. TOWN OF <u>Lowndes</u>		Registration District No. <u>911</u>		Registered No. <u>4</u>	
OR				(For use of Local Registrar)	
CITY OF <u>White Plains</u>		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Joseph Mitchell</u>				[If child is not yet named, make supplemental report as directed]	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 1st 1922</u>	(8) (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(9) FULL NAME <u>Joe Mitchell</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Moultrie</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Midland Park</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Midland Park</u>		
(11) COLOR OR RACE <u>negro</u>		(12) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(13) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Laborer</u>			(20) OCCUPATION <u>Washing</u>		
(21) Number of children born to mother, including present birth <u>1</u>			(22) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>L. C. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>Sarah K. Ridler</u>		(25) Address of Physician or Midwife <u>Midland Park</u>			
(26) State whether Physician or Midwife					
Given name added from a supplemental report					
(27) Witness <u>S. T. Rouse</u>		(28) Signature of Witness necessary only when question 23 is signed by mark			
(29) Filed <u>Feb. 1st 1922</u>		(30) <u>M. H. Taylor</u> 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.