

FORM No. 10. MARGIN RESERVED FOR BINDING. WHERE PLAINLY, WITH LEADING INK—THIS IS A "PREVIOUS 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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Hurrieham  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**47163**

Registration District No. 9714 Registered No. 6  
 (For use of Local Registrar)

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

(3) BOY OR GIRLY <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 18 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Albert A. Mitchell

(9) PRESENT POSTOFFICE OF FATHER Central S.C. R. 3.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Pickens Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Prozell Davis

(15) PRESENT POSTOFFICE OF MOTHER Central S.C. R. 3.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Pickens Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child who was born at \_\_\_\_\_ on the date above stated. (Born alive or stillborn) Hour \_\_\_\_\_ M. or P. M.

(23) (Signature) Mrs. Elizabeth Garrett

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pickens S.C. R. 2

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

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

(27) File Jan 26 1916 (28) P. M. Dearborn 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.