

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only

10105

Registration District No. _____ Registered No. 58
 (For use of Local Registrar)

(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 Innie Mitchell (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? yes 7. DATE OF BIRTH April 22, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Sam Mitchell
 9. PRESENT POSTOFFICE OF FATHER Frogmore SC
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 49
 12. BIRTHPLACE South Carolina
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Emma Taylor
 15. PRESENT POSTOFFICE OF MOTHER Frogmore SC
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 47
 18. BIRTHPLACE South Carolina
 19. OCCUPATION Farmer
 20. Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thia Deaux Frogmore S.C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. E. Shannon
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/25 19 22 (28) J. E. Shannon
 Registrar 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.