

(1) PLACE OF BIRTH

County of AndersonTownship of Maconor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 309 Registered No. 1001
(For use of Local Registrar)

File No.—For State Registrar Only

40871(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 Baby Mitchell If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number (in order of birth) 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Mitchell(9) PRESENT POSTOFFICE OF FATHER in 12th(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 4 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Madge Kanister(15) PRESENT POSTOFFICE OF MOTHER Bellton R.H.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [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 Jan 8, 1923 (28) R.P. Robinson 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.

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