

## (1) PLACE OF BIRTH

County of Mailboro  
 Township of Bronnsville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**44717**

Inc. Town of ..... Registration District No. .... Registered No. 29  
 (For use of Local Registrar)  
 City of ..... (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 Mitchell Harlee, Jr. } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 27 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mitchell Harlee  
 (9) PRESENT POSTOFFICE OF FATHER Drake, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Drake, S.C.  
 (13) OCCUPATION Fireman  
 (14) Number of children born to father, including present birth One

## MOTHER

(15) NAME BEFORE MARRIAGE Annie Harlee  
 (16) PRESENT POSTOFFICE OF MOTHER Drake, S.C.  
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 28 (Years)  
 (19) BIRTHPLACE Drake, S.C.  
 (20) OCCUPATION Laborer at Vanner Mill  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 4 PM, on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Covington  
 (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 191 (28) Local Registrar

If 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.

— on pregnancy.