

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Richland  
Township of Columbia  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Mitchell

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-D

FILE No.—For State Registrar Only

02306

Registered No. \_\_\_\_\_

(For use of Local Registrar)

Home Ward

(If birth occurs in hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Mitchel Robert Dentley

3. Boy or Girl Boy 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth 1 6. Premature yes 7. Are Parents Married? yes 8. Date of birth Sept 27 1942  
(Month, day, year)

9. Full name Chester Dentley FATHER 18. Name before marriage Milchelsena Williams MOTHER

10. Residence (mailing address) Columbia 19. Residence (mailing address) Columbia  
(If non-resident, give place and State)

11. Color or race Black 12. Age at last birthday 24 (years) 20. Color or race Black 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Richland County 22. Birthplace (city or place) Richland County  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Work 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_ spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ in, on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date \_\_\_\_\_  
(Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_  
(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_  
(Date of)

(Signed) \_\_\_\_\_

or \_\_\_\_\_ Midwife

Address R. 4 Box 36 Columbia S.C.

Filed May 15, 1942 M. B. Woodward, M.D.

State Registrar

State Registrar