

## (1) PLACE OF BIRTH

County of Greenville,.....Township of Greenville,.....or  
Inc. Town of Greenville,.....City of Greenville, S. C. (No. 222 McCall St. St.: 5th Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Not yet named if child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1st (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 1/16 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hugh V. Mitchell(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Clint Jenkinson(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

Greenville County(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 B. Alive at 3.4.5 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles T. D. Smith  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

Mary T. Smith 1916  
Superintendent Registrar

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

(27) Filed Dec. 11 1916 (28) C. E. Smith 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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Mr. McCraw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89947

Registration District No. 44 Registered No. 485  
(For use of Local Registrar)