

(1) PLACE OF BIRTH
 County of Edgefield
 Township of Wise
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
46096

Registration District No. 1813 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Rosa Mary Mitchell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Jan. 27, 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wallace Mitchell
 (9) PRESENT POSTOFFICE OF FATHER Edgefield Co
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26
(Years)
 (12) BIRTHPLACE Edgefield Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Lida Collins
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)
 (18) BIRTHPLACE Edgefield Co
 (19) OCCUPATION Housewife
 (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 2:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. C. Chaloner
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield S.C.

Given name added from a supplemental report
 _____ 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 30 1916 (28) W. C. Chaloner
 Local Registrar

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

*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.