

No. 2

(1) PLACE OF BIRTH

County of Florence
Township of Florence
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18598

Registration District No. 2.005

Registered No. 38
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

James 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

June 12, 1922

FATHER

(8) FULL NAME

James Mitchell

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

(14) Number of children born to mother, including present birth

6

MOTHER

(14) NAME BEFORE MARRIAGE

Lelia Mc Knight

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

farm hand

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

James Mitchell M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Kissel Gordon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1015 1/2 St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 16, 1922 C. C. Casper

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.

MAKING PRESERVED FOIL BINDING. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF LOSS, THE BUREAU OF VITAL STATISTICS WILL REPRODUCE THE RECORD FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MADE IN COLUMBIA, GEORGIA, U. S. A.