

## (1) PLACE OF BIRTH

County of WicksTownship of Windsoror  
Inc. Town of .....

City of .....

(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

No. for State Register Only

38285

Registration District No. 215Registered No. 67  
(For use of Local Registrar)

## (2) Full Name of Child

3) BOY OR  
GIRL Girl4) Twin  
or Triplet  
To be answered only in case of Twin or Triplet(5) Number in  
order of birth 3(6) Age  
Parent  
Married yes(7) DATE OF  
BIRTH Aug 7 1923  
(Name of Month) (Day) (Year)8) FULL  
NAMELeon Mitchell9) PRESENT  
POSTOFFICE  
OF FATHERWindsor S.C.10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY 41  
(Year)

12) BIRTHPLACE

Pineville Co

13) OCCUPATION

Miner20) Number of children born to  
mother, including present birth3(14) NAME BEFORE  
MARRIAGELouisa Wipe(15) PRESENT  
POSTOFFICE  
OF MOTHERWindsor S.C.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY 25  
(Year)

(18) BIRTHPLACE

Wicks Co

(19) OCCUPATION

Wife(21) Number of children of this mother  
now living, including present birth3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn (Born live or stillborn)  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplement  
report)

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by marks)(27) Jan 20 1924(28) O. L. Weeks  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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