Form No. 1

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

(1) PLACE OF BIRTH

County of .....Beaufort.......

Township of .....St. Helena.....

or
Inc. Town of ....

or
City of .... Registration District No. 604. Registered No. 174

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

(No. .... St.; .... Ward)

(For use of Local Reistrar)

(2) Full Name of Child .....Sarah Ann Mitchell..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Nov. 25 1916
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Mitchell

(9) PRESENT POSTOFFICE OF FATHER Frogmore SC.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30 about (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ....

MOTHER.

(14) NAME BEFORE MARRIAGE Rosina Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Frogmore SC.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22 about (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was .....Alive..... at .....11 A..... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....Betsy Wigg.....

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Frogmore SC

(26) Witness .....A. W. Davies.....
(Signature of Witness necessary only when question 23 is signed by mark)

Given name added from a supplemental report

.........................., 191....

.... Registrar

(27) Filed 12/2 1916. (28) .....Geo. H. Crocker.....
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.

N. B.—In case of Twins or Triplets, FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.
Law of Columbia