

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Christ Church Parish State Board of Health

or
Inc. Town of Registration District No. 901 Registered No. 2
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45629

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>Is answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Henry Mitchell

(14) NAME BEFORE MARRIAGE Sara M. Mougault

(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant R.F.D.

(15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant R.F.D.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39
(Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Witherswood S.C.

(18) BIRTHPLACE Awensdaws S.C.

(13) OCCUPATION farmer

(19) OCCUPATION farmer

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 3 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X. R. Beace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mt. Pleasant W.C.

Given name added from a supplemental report

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

(27) Filed Jan 2 1916 (28) X. R. Beace 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.
McCaw, of Columbia.