

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Christ Church Parish

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? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Mitchell

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

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

(12) BIRTHPLACE Witherswood S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sara M. Mignault

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

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

(18) BIRTHPLACE Awensdaws S.C.

(19) OCCUPATION Farming

(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. M. C. C. Mitchell

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

Given name added from a supplemental report

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 Registrar

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

(27) Filed Jan 12 1916 (28) X. R. M. C. C. Mitchell
 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.