

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (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

File No.—For State Registrar Only
29278

Registration District No. 9A Registered No. 1415
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 23, 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Josac Mitchell
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Willis
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Year)
 (18) BIRTHPLACE N.Y.
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Wilmer, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/27/32 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.