

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston S.C.

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

17862

Registration District No. 9.A. Registered No. 838

(For use of Local Registrar)

(No. 19 St.; Ward)(2) Full Name of Child Joe Mitchell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? one(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH June 22 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Scipps Mitchell(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE WaterBORROW(13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Williams(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Factory Work.(21) Number of children of this mother now living, including present birth one(20) Number of children born to mother, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Anderson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 13 Drews Alley

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 6/19/22(28) J. Marcus Green 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.

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