

(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

27484

Registration District No. 9A Registered No.

(For Local Registrar)

(No. Robert Hospital Ward)

(2) Full Name of Child Edward Mitchell

If not yet named, make supplemental report as directed

3) Sex Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Age 2 1/2 (7) DATE OF BIRTH 9-23-22
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Mitchell

(9) PRESENT POSTOFFICE OF FATHER 46 Nassau St

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Pembroke Point S.C.

(13) OCCUPATION Tobacco

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Coleman

(15) PRESENT POSTOFFICE OF MOTHER 46 Nassau St

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:10 A.M., on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)

(23) (Signature) Robert Hall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Robert Hospital

(Given name added from a supplemental report)

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

(27) Filed 9/28 19 22 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.

FIRST-BORN. No. 1 THE OTHER. No. 2. etc. in question 3. See also Column C, Column B.