

## (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 name is not yet named, make supplemental report as directed

3) *Boy*(4) Twin or Triplet? *X*5) Number in order of birth *1*(6) Age *2 1/2*

(7) DATE OF BIRTH

*9-23-22*

(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*(12) BIRTHPLACE *Pinebluff S.C.*(13) OCCUPATION *Laborer*

(14) (15) (16) (17) (18) (19)

(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*(18) BIRTHPLACE *Charleston S.C.*(19) OCCUPATION *Domestic*

(20) (21) (22) (23) (24) (25)

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *1 1/2* A.M., on the date above stated. (Hour of birth)(24) (Signature) *Robert Hospital*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

*Robert Hospital*

(Given name added from a supplemental report)

(27) Witness

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

(28) Filed *2 28*(19) *2 28* 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 1

Bureau of Columbia, Columbia S.C.