

CERTIFICATE OF

life, social, legal, or economic, the greatest value, not only to the certificates but good business, f

- As evidence in the administration of insurance and pensions;
- As evidence to prove the irregular legal age for crime and misdemeanors in the criminal code;
- As evidence in the enforcement of laws relating to child labor;
- As evidence to determine the liability of parents;
- As proof of citizenship in order to obtain naturalization;
- As evidence in the claim for compensation and military service.

parent. For a woman whose home in answer to Question 24. appropriate terms, as *housekeeper*—

ne. occupation. tion.

employee," "worker," "operative," "store," "factory," "mill," "mill, etc.

descriptive titles, as *civil engineer*, a more precise statement of occupation, *painter, machinist*, etc. Distinguish child be called a *salesman* and not a *cl*

(1) PLACE OF BIRTH
 County *Summerville*
 Township *Summerville*
 Inc. *Summerville*
 City *Summerville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For this Register Only
3966

Registration District No. *22A* Registered No. *77*
 (No. of *742* *Abbeville* Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *George Riley Mischen*

(3) BOY OR GIRL <i>M</i>	(4) Type or Triple <i>Yes</i>	(5) Number in order of birth <i>23</i>	(6) Sex <i>Male</i>	(7) Date of Birth <i>Feb 23 1923</i>
FATHER <i>George Riley Mischen</i>		MOTHER <i>Josephine Callahan</i>		
PRESENT RESIDENCE OF FATHER <i>Summerville S.C.</i>		PRESENT RESIDENCE OF MOTHER <i>Summerville S.C.</i>		
(8) COLOR OR RACE <i>W.</i>	(9) AGE AT LAST BIRTHDAY <i>28</i>	(10) COLOR OR RACE <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>28</i>	(12) OCCUPATION <i>Housewife</i>
(13) OCCUPATION <i>Mgr. Villa Planting Co.</i>	(14) OCCUPATION <i>Abbeville Co. S.C.</i>	(15) OCCUPATION <i>Housewife</i>	(16) OCCUPATION <i>Housewife</i>	(17) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BIRTH <i>2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child who was *Male* on the date above stated. (Born *live* or Stillborn. (Sex: *M.* or *P. M.*)

(19) (Signature) *A. M. Sumner*
 (20) State whether Physician or Midwife
 (21) Address of Physician or Midwife

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 22 is signed by *mother*)
 (23) Filed *Feb 27 1923* (24) *C. J. Smith* 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.

Before the fifth month of pregnancy