

(1) PLACE OF BIRTH

County of Yamhill  
Township of Santuck  
or  
Inc. Town of .....

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

No. 8770 - For State Registrar Only  
Registered No. 9  
(For use of Local Registrar)

Registration District No. 4206 (No. .... St. .... Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>3rd</u>	(7) DATE OF BIRTH <u>Feb. 19 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Clarrisa Mitchell</u>			(14) NAME BEFORE MARRIAGE <u>Annina Peterson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Santuck S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Santuck S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(13) OCCUPATION <u>Cook Laborer Smelter Co</u>			(18) OCCUPATION <u>Acta Cook</u>	
(19) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harriet Hampton  
(24) State whether Physician or Midwife M. W. (25) Address of Physician or Midwife Santuck, S.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed 3/11 1923 (28) H. J. J. 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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