(1) PLACE OF BIRTH

County of Charleston

Township of N. O. St. M.

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
10379

Registration District No. 909 Registered No. 79
(For use of Local Registrar)

(No. 10 Mile St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? Twin — To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH April 23 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Benjamin Mitchell	(14) NAME BEFORE MARRIAGE: Carrie Ackerman
(9) PRESENT POSTOFFICE OF FATHER: North Charleston	(15) PRESENT POSTOFFICE OF MOTHER: North Charleston
(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Cainhoy S. C.	(18) BIRTHPLACE: Green Pond S. C.
(13) OCCUPATION: Laborer at Port Terminal	(19) OCCUPATION: Housework
(20) Number of children born to mother, including present birth: 3	(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Celia Nelson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: 9 Mile

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

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

(27) Filed April 24 1922 (28) C. F. Myers
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., is question 5. ALWAYS LEAVE BLANK FOR EACH CHILD, and mark the

Bureau of Columbia, Columbia, S. C.

..... 19 ..... Registrar.

Registrar.