

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCRAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Penn  
or  
Inc. Town of .....  
or  
City of .....  
(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  
**75150**

Registration District No. 4308 Registered No. 755  
(For use of Local Registrar)  
(No. .... St.; .... Ward)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug. 4<sup>th</sup> 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Mitchell  
(9) PRESENT POSTOFFICE OF FATHER Bryan, S. C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Williamsburg Co., S. C.  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Hunter  
(15) PRESENT POSTOFFICE OF MOTHER Bryan, S. C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Williamsburg Co., S. C.  
(19) OCCUPATION Farm laborer  
(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 11 a. m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Ann Hume  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug. 10<sup>th</sup> 1916 (28) Albert R. Moseley 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.