

(1) PLACE OF BIRTH
County of Richland
Township of
OR
Inc. Town of
OR
City of Columbia
(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
7-5-22

Registration District No. 19 Isaac Registered No.
(For use of Local Registrar)
St.: Ward)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 30 1922
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME Edward S. Mitchell
9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
12) BIRTHPLACE Orangeburg S.C.
13) OCCUPATION Painter
20) Number of children born to mother, including present birth 4

MOTHER
14) NAME BEFORE MARRIAGE Viola Drazedy
15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 29
18) BIRTHPLACE Columbia S.C.
19) OCCUPATION House wife
21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Dr. H. H. ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 303 ...

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

(27) Filed 19 Registrar (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.

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WRITE PLAINLY, WITH LEADING INK.—THIS IS A PRECISION REQUIREMENT. 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.

K O D A K