

WRITE PLAINLY, WITH LEADING INK—THIS IS A PRELIMINARY REPORT, and mark the
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.

(1) PLACE OF BIRTH

County of Beckham

Township of

or

Inc. Town of

or Columbia

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

7-5-2

Registration District No. Registered No.

(For use of Local Registrar)

(No. 19 St. Ward)(2) Full Name of Child Jol. Lafero 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

To be answered only in event of Twins or Triplets

6) Are
Parents
Married? Yes7) DATE OF Dec 30
BIRTH 19
(Name of Month) (Day) (Year)

FATHER

8) FULL
NAMEEdward S. Mitchell9) PRESENT
POSTOFFICE
OF FATHERColumbia S.C.10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY30

12) BIRTHPLACE

Orangeburg S.C.

13) OCCUPATION

Painter20) Number of children born to
mother, including present birth4

MOTHER

14) NAME BEFORE
MARRIAGEViola Dracoley15) PRESENT
POSTOFFICE
OF MOTHERColumbia S.C.16) COLOR
OR
RACEWhite17) AGE AT LAST
BIRTHDAY29

18) BIRTHPLACE

Columbia S.C.

19) OCCUPATION

House wife(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

19

(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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