

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 8.

(1) PLACE OF BIRTH

County of Sumter
Township of Middle
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
24061

Registration District No. 4103 Registered No. 35
(For use of Local Registrar)

City of..... (No. 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 Dann Mitchell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1920
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Dann Mitchell
(9) PRESENT POSTOFFICE OF FATHER Wadesfield
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farm Labor

MOTHER.
(14) NAME BEFORE MARRIAGE Allice Mitchell
(15) PRESENT POSTOFFICE OF MOTHER Wadesfield
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth 4

(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..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Salvin Phelan (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wadesfield

Given name added from a supplemental report

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

(27) Filed May 20 1920 (28) M. D. Leach 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.