CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66244

(1) PLACE OF BIRTH
County of Spartanburg
Township of Cherokee
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.)

Registration District No. 4 W 2 B. Registered No. 179
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child James Edward Bishop
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (If twin or triplet, state whether first born, second born, or third born)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 23 1916 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Bishop
(9) PRESENT POSTOFFICE OF FATHER Mayo S C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Reeves
(15) PRESENT POSTOFFICE OF MOTHER Mayo S C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S C.
(19) OCCUPATION Housework
(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 8:30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) O. M. Chapman
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Cherokee S C.

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 26 1916. (28) W. W. Painter
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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Form No. 4
MARION HENDRIX-WILLIS INK MFG. CO.
WRITTEN 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, THIRD BORN, No. 3, etc., in question 3.
W. H. McCaw, Columbia.