

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48401

## (1) PLACE OF BIRTH

County of CharlestonTownship of Johns Islandor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 905Registered No. 9

(For use of Local Registrar)

## (2) Full Name of Child

Samuel Leon Bishop

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Kitt Bishop

(9) PRESENT POSTOFFICE OF FATHER

Musket Hall

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

47 (Years)

(12) BIRTHPLACE

Musket Hall

(13) OCCUPATION

Farmer

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

five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Blake

(15) PRESENT POSTOFFICE OF MOTHER

Musket Hall

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36 (Years)

(18) BIRTHPLACE

Brown - Johns Island

(19) OCCUPATION

Farmer

(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 at 9 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. L. Smith(24) State whether Midwife (25) Address of Physician or Midwife Musket Hall

Given name added from a separate report

Full name

Date

Signature

When there was no attending physician or midwife, the child was born at home and the mother was attended by a midwife or other person.

This certificate is valid for the purpose of establishing the date of birth of the child.

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