

MARGIN RESERVED FOR BINDING.
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 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston
or
Inc. Town of.....
or
City of Charleston
(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

87464

Registered No. 252
(For use of Local Registrar)

Registration District No. 4007

St.; Ward)

(2) Full Name of Child

L. D. Bishop
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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 6 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME William Lee Bishop (9) PRESENT POSTOFFICE OF FATHER Charleston S.C. R#2 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (12) BIRTHPLACE S.C. (13) OCCUPATION Farming (14) NAME BEFORE MARRIAGE Ida Calliope (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. R#2 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (18) BIRTHPLACE N.C. (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Helena Cook (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston S.C. R#2

Given name added from a supplemental report

May 15 1917
C. D. Smith
Registrar

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

(27) Filed Oct 14 1916 (28) J. B. Blum 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.