

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 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of 1

Inc. Town of Georgetown

City of Georgetown

(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  
**42940**

Registration District No. 4008

Registered No. 344

(For use of Local Registrar)

(2) Full Name of Child Marguerite Elvira Bishop

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 10 25</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Loungis H Bishop</u>		(9) DATE OF BIRTH <u>1 10 25</u> (Name of Month) (Day) (Year)		
(10) PRESENT OFFICE OF FATHER <u>Georgetown</u>		(11) NAME BEFORE MARRIAGE <u>Effie James</u>		
(12) COLOR OR RACE <u>W</u>		(13) PRESENT OFFICE OF MOTHER <u>Georgetown</u>		
(14) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(15) COLOR OR RACE <u>W</u>		
(16) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(18) OCCUPATION <u>Farmer</u>		(19) BIRTHPLACE <u>SC</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) OCCUPATION <u>House W</u>		
(22) Number of children of this mother now living, including present birth <u>2</u>		(23) Address of Physician or Midwife <u>Georgetown</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 AM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
191  
Registrar

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

(27) Filed 1-1-1924 (28) Mrs. E. J. Parker  
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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