

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or Inc. Town of

City of

(If birth occurs in 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

42690

Registration District No. 2209Registered No. 534

(For use of Local Registrar)

30 Fourth St. 1st Ward(2) Full Name of Charles Hampton Bishop If child is not yet named, make supplemental report as directed(3) BOY OR GIRL M.

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Age Parents

(7) DATE OF BIRTH Dec 28, 22

(Name of Month) (Day) (Year)

(8) FATHER.

(9) FULL NAME Charles Hampton Bishop(10) PRESENT POST OFFICE OF FATHER Greenville S.C.(11) COLOR OR RACE W.(12) AGE AT LAST BIRTHDAY 21 (Years)(13) BIRTHPLACE Greenville S.C.(14) OCCUPATION Vehicle work(15) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Miss May Sloan(17) PRESENT POST OFFICE OF MOTHER Greenville S.C.(18) COLOR OR RACE W.(19) AGE AT LAST BIRTHDAY 17 (Years)(20) BIRTHPLACE Anderson Co. S.C.(21) OCCUPATION House work(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. M. J. J. J.

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(27) Witness

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

19 Dec 28, 23 Registrar

(28) Filed

(29) A. J. Mackey 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.