

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Santhor  
Inc. Town of.....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26276

Registration District No. 2267 Registered No. 42  
(For use of Local Registrar)(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Annie Lee Francis Bishop If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 10, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jesse Bishop(9) PRESENT POSTOFFICE OF FATHER Piedmont S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Greenville, S. C.(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Maigorie Alma Anderson(15) PRESENT POSTOFFICE OF MOTHER Piedmont S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Henderson Co., N. C.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at 2 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. B. Hendon(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M. D. Rt. #3 Greenville, S. C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 30, 1922 (28) E. B. Hendrix  
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.