

(1) PLACE OF BIRTH

County of Darlington
 Township of Hastenville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1502 - For State Registrar only
39798

Registration District No. Registered No. 168
 (For use of Local Registrar)

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

(2) Full Name of Child Billie Bishop If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD boy (4) Type or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH 1923 (7) (Month) (Day) (Year)

FATHER. Ernest Bishop MOTHER. Anna Bishop
 (8) FULL NAME Ernest Bishop (14) NAME BEFORE MARRIAGE Anna Bishop
 (9) PRESENT POSTOFFICE OF FATHER Hastenville (15) PRESENT POSTOFFICE OF MOTHER Hastenville
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC
 (13) OCCUPATION Farmer (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lue Miller (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hastenville SC

(Given name added from a supplemental report) (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Oct 21 23
 (27) Filed 19 (28) 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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