

(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. for State Registrar
39798

Registration District No. 1502

Registered No. 168
(For use of Local Registrar)

(2) Full Name of Child

Billie Bishop

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

(3) SEX OR CHILD boy

(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER Ernest Bishop

(14) NAME BEFORE MARRIAGE

MOTHER 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
(Years)

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY 17
(Years)

(12) BIRTHPLACE

SC

(18) BIRTHPLACE

SC

(13) OCCUPATION

Farming
one

(19) OCCUPATION

Farming
one

(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.....
on the date above stated.

alive (Born alive or stillborn) (Hour A. M. or P. M.) 90

(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)

(27) Filed Oct 21 23

19

(28) W. M. McQueen

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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Medium of Columbia, Columbia, S. C.