

(1) PLACE OF BIRTH

County of GreenwoodTownship of Verderlyor
Inc. Town ofor
City of

(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

43156

Registration District No. 2313 Registered No. 23
(For use of Local Registrar)

St. Wound

(2) Full Name of Child Bishop Price If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 22 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bishop Price(9) PRESENT POSTOFFICE OF FATHER Verderly, Greenwood Co(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenwood Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Yarah Buff(15) PRESENT POSTOFFICE OF MOTHER Verderly(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Abbeville Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Reported by L. A. Saintry

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

Given name added from a supplemental report

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Registrar

(26) Witness L. A. Saintry
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 1914 (28) L. A. Saintry 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

Caw. of Columbia