

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Kamphill
 or
 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

5222

Registration District No. H06 Registered No. 21
 (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 Ellen Soville Bishop If child is not yet named, make supplemental report as directed

3 SEX OR CHILD <u>Girl</u>	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married <u>Yes</u>	7 DATE OF BIRTH <u>Feb 20, 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>Wm M. Bishop</u>			14 NAME BEFORE MARRIAGE <u>Eula Wofford</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Marion R4</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Marion R4</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>50</u> (Year)	16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>38</u> (Year)	
12 BIRTHPLACE <u>Stg Co. S.C.</u>		13 BIRTHPLACE <u>Stg Co. S.C.</u>		
13 OCCUPATION <u>Farmer</u>		14 OCCUPATION <u>Housewife</u>		
18 Number of children born to mother, including present birth <u>8</u>		19 Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 2 a. m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) W. J. Chapman

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Marion R4

Given name added from a supplement-
 al report

May 5, 1923
James S. Sirey 1923

(24) Witness

(Signature of Witness necessary only
 when question 23 is signed by parent)(25) Date Feb 20, 1923

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth
 before the fifth month of pregnancy.