

(1) PLACE OF BIRTH

County of BambergTownship of 3 mile

Inc. Town of

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 HealthNo. 290 — For State Registrar OnlyRegistration District No. 404 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

Bishop

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	5) Number in order of birth <u>3</u>	6) Sex <u>Male</u>	7) DATE OF BIRTH <u>1-15-28</u> (Month of Month) (Day) (Year)
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FATHER.

8) FULL NAME Sam Bishop

9) PRESENT POSTOFFICE OF FATHER Chickadee SC

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)

12) BIRTHPLACE SC

13) OCCUPATION Lawyer

14) Number of children born to mother, including present birth 5 - one

MOTHER.

15) NAME BEFORE MARRIAGE Willie Leroy

16) PRESENT POSTOFFICE OF MOTHER Chickadee SC

17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 32 (Year)

19) BIRTHPLACE SC

20) OCCUPATION housewife

21) Number of children of this mother now living, including present birth 2 - one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chickadee SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-15-28 (28) W. H. Smith 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.

THIS PLAINLY, WITH UNIFORMS, THIS IS A PERMANENT RECORD.
IN THE CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 4.