

(1) PLACE OF BIRTH  
County of York  
Township of York  
or  
Inc. Town of York  
or  
City of York  
(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  
**50516**

Registration District No. 4008 Registered No. 435  
(For use of Local Registrar)

St.; ..... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. Alvin May Bishop

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) At Parents Married? Yes (7) DATE OF BIRTH Jan. 26 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Ed. Bishop  
(9) PRESENT POSTOFFICE OF FATHER Drayton St.  
(10) COLOR OR RACE Lo (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Scotland, S. C.  
(13) OCCUPATION mill work  
(20) Number of children born to mother, including present birth 3

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ann Burrows  
(15) PRESENT POSTOFFICE OF MOTHER Spurthwaite St.  
(16) COLOR OR RACE Lo (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Windsor, N. C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
June 29 1916  
[Signature]  
Local Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 12 1916 (28) E. F. Parker  
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.

\_\_\_\_\_  
(Date of)  
\_\_\_\_\_  
State Registrar

Address Converse St.  
Filed Feb 12 1916 E. F. Parker  
Local Registrar

Only  
Registrar  
Ward  
ed, make directed  
1916  
years  
stated.  
M. D.  
Midwife