

(1) PLACE OF BIRTH

County of

Richland

Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

2316

Inc. Town of

Columbia

Registration District No.

38

Registered No.

1074

(For use of Local Registrar)

City of

Columbia

(No. 325 Lower

St.; Ward)

(if birth occurs in a hospital or other institution, the name of same instead of street and number.)

2) Full Name of Child

Marcell Bishop

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

3) BOY OR GIRL?

Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 25

(8) (Day) (Year)

FATHER.

(9) FULL NAME

Frank B. Bishop

(10) PRESENT POSTOFFICE

Columbia

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

28

(Years)

(13) BIRTHPLACE

Richland Co., SC

(14) OCCUPATION

Dutcher Co. Reg. Co.

(15) Number of children born to mother, including present birth

4

MOTHER

(16) NAME BEFORE MARRIAGE

Mar A. W. Quatt

(17) PRESENT POSTOFFICE OF MOTHER

Columbia

(18) COLOR OR RACE

White

(19) AGE AT LAST BIRTHDAY

24

(Years)

(20) BIRTHPLACE

Richland Co., SC

(21) OCCUPATION

Housewife

(22) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was

Mar 3, 1904 A.

on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Physician

Columbia, SC

Given name added from a supplemental report

101

Registrar

(27) Witness

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

(28) Filed

2-8

101

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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