

(1) PLACE OF BIRTH

County of Newberry
 Township of Trimble
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
21956

Registration District No. 34A2 Registered No. 44
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert B. Bishop If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</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>no</u>	(7) DATE OF BIRTH <u>July 14, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Myrtle Bishop</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry SC</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE		(18) BIRTHPLACE <u>Newberry Co</u>		
(13) OCCUPATION		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>147</u>			(21) Number of children of this mother now living, including present birth <u>16</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Bishop (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report

(26) Witness J. Y. F. Lloyd (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 14, 1923 (28) J. Y. F. Lloyd 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.