

## (1) PLACE OF BIRTH

County of Franklin  
 Township of Herod  
 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  
**32260**

Registration District No H. 502 D Registered No. 54  
 (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 Betha Inez Bishop (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. C. Bishop  
 (9) PRESENT POSTOFFICE OF FATHER Herod SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
 (Year) (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara survey  
 (15) PRESENT POSTOFFICE OF MOTHER Herod SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (Year) (18) BIRTHPLACE SC  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (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 Born alive at 2:30 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. W. Painter M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

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

(27) Filed 9-15-22 (28) W. W. Painter 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.