

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken
 Township of Hammond
 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

12595

Registration District No. Registered No.
 (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 Jos. O. Bishop If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Loid Bishop

(14) NAME BEFORE MARRIAGE Ethel Procter

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Georgia

(18) BIRTHPLACE Georgia

(13) OCCUPATION Mill Hand.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour) (Day) (Month) (Year)

(23) (Signature) J. J. Greene M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Bath, S.C.

Given name added from a supplemental report

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

(27) Filed June 18, 1922 (28) J. J. Greene M.D. Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.