

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(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

91844

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 8, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dillard Bishop

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Eula Horton

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Gill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg

Spartanburg S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 9, 1916

(28)

W. M. Painter

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.

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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.