

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
90148

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of O'Neal

or
Inc. Town of

Registration District No. 2213

Registered No. 92
(For use of Local Registrar)

City of (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 Ellen Marie Bishop If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12. 22. 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Jno Bishop

(14) NAME BEFORE MARRIAGE Sue Payne

(9) PRESENT POSTOFFICE OF FATHER Lepus se #11

(15) PRESENT POSTOFFICE OF MOTHER Waynes St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. ...

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

Given name added from a supplemental report

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

(27) Filed Jan 9. 1917 (28) Albert W Reeves 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

McClaw, of Columbia