

## (1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortInc. Town of BeaufortCity of Beaufort

(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

48145

Registration District No. 6ARegistered No. 5

(For use of Local Registrar)

(2) Full Name of Child Anna Sarah Bishop

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

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lawrence E Bishop

(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Atlanta Ga

(13) OCCUPATION Salesman

(16) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Minnie Hankins

(15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife

(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 6:30 M. on the date above stated. (Hour 6:30 or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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Registrar

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

(27) Filed July 5 1916 (28) J. L. Rohez 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.

Form No. 10.  
PLACED IN THE BUREAU OF VITAL STATISTICS, WITH SUPPLEMENTAL REPORT, FOR THE STATE OF SOUTH CAROLINA, IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE  
McCauley, Columbia.