

Form No. 1

(1) PLACE OF BIRTH

County of York Co.Township of York

or

Inc. Town of Bishopville

or

City of Bishopville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Bishop

File No.—For State Registrar Only

31083

Registration District No. 3006Registered No. 53

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 1st(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Laurel Bishop(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE May Bishop(15) PRESENT POSTOFFICE OF MOTHER Bishopville(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at. 11:00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Keltan(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Carnegie St.

Given name added from a supplemental report

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

(27) Filed Sept 19 1922 (28) Estelle S. Suttan 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

* Make use of TWINS OR TRIPLETS use a SEPARATE SLIP FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.