

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

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

6371

Registration District No. 3 BRegistered No. 14

(For use of Local Registrar)

(2) Full Name of Child

James Michael Bishop

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Mar 3, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tray Bishop

(9) PRESENT POSTOFFICE OF FATHER

Piedmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Septic warre

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

17

MOTHER.

(14) NAME BEFORE MARRIAGE

Marnie Mackay

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... alive.... at 4.... A.M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 12

(28)

S. J. Fleming
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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