

(1) PLACE OF BIRTH

County of Pitkin, S.C.Township of Cathlamet

or

Inc. Town of Cathlamet

or

City of Cathlamet

(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

65902

Registration District No. 3700 Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child Lucas Bisher If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Bisher(9) PRESENT POSTOFFICE OF FATHER Cathlamet(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Cathlamet S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(15) NAME BEFORE MARRIAGE Ella Williams(16) PRESENT POSTOFFICE OF MOTHER Cathlamet S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 33 (Years)(19) BIRTHPLACE Cathlamet S.C.(20) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at Cathlamet on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mrs. M. English(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cathlamet S.C.

Given name added from a supplemental report

(26) Witness J. D. Bearden (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 13 (28) J. D. Bearden 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.

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.

McClaw of Columbia