

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS, USE THE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.
MOBILE, ALABAMA, 1916

(1) PLACE OF BIRTH
County of Spartanburg
Township of Camden
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

91812

Registration District No. 4001.0

Registered No. 126
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Bishop

(9) PRESENT POSTOFFICE OF FATHER Gunn

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Farmer

(20) Number of children born to a woman, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER Gunn

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE Spartanburg Co

(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 7:30 a. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Goff

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg #2

Give name added from a supplemental report

(26) Witness

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

(27) Filed Dec 16 1916

(28)

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.