

(1) PLACE OF BIRTH

County

Township

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

90095

(2) Full Name of Child

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

(3) BOY OR GIRL?

M.

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 9, 1906

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Levyette Bishop

(10) NAME BEFORE MARRIAGE

Fannie Gosnell

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(11) COLOR OR RACE

W.

(12) AGE AT LAST BIRTHDAY

28

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

23

(13) BIRTHPLACE

Greenville Co. S.C.

(18) BIRTHPLACE*

Greenville Co. S.C.

(14) OCCUPATION

Mill Work

(19) OCCUPATION

House Work

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

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

H. M. Swannett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

phys.

Greenville

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Dec 10 6

191...

(28)

A. H. Macken

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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