

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

21253

County of

Township of

Town of

City of

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

Registration District No. 2109

Registered No. 231

(For use of Local Registrar)

(No. 56)

(Ward)

Full Name of Child

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

Boy

(1) Twin or triplet?

(2) Number in order of birth

(3) Are Parents Married?

(4) DATE

BIRTH

(Name of Month) (Day) (Year)

June 15 23

FATHER.

MOTHER.

Full Name

Tandy Bishop

(14) NAME BEFORE MARRIAGE

Pearl M. Wright

PRESENT POSTOFFICE OF FATHER

Greenville

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38

(Years)

(16) COLOR OR RACE

W

(12) AGE AT LAST BIRTHDAY

35

(Years)

BIRTHPLACE

Greenville

(18) BIRTHPLACE

Pickens

OCCUPATION

Textile

(19) OCCUPATION

Housework

Number of children born to father, including present birth

10

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

on the date above stated.

(22) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Greenville

If name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

Aug 1 23

(28) Local Registrar

Mrs. M. J. M.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy