

FORM NO. 2.

## (1) PLACE OF BIRTH

County of BftTownship of Bft

or

Inc. Town of

or

City of Port Royal (No. .... St.; .... Ward)

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

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

(3) Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH 12 14 22  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Smith Bishop(9) PRESENT POSTOFFICE OF FATHER Port Royal(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Ill.(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth { ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Rawls Bishop(15) PRESENT POSTOFFICE OF MOTHER Port Royal(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. B. Cope

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 12 14 22 (28) M. B. Cope 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.

THIS IS A PERMANENT RECORD.  
 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.  
 McCaw, of Columbia.

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41015

Registration District No. 600 Registered No. 13196

(For use of Local Registrar)