

Form No. 1

## (1) PLACE OF BIRTH

County of JeffersonTownship of Wm. A. B.

or

Inc. Town of Wm. A. B.

or

City of Wm. A. B.

(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

43400

Registration District No. 30.04Registered No. 78  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Walter B. Bishop

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

3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 1st(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 29 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arar Bishop(9) PRESENT POSTOFFICE OF FATHER Wm. A. B.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Wm. A. B.(13) OCCUPATION Attorney(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Macpherson(15) PRESENT POSTOFFICE OF MOTHER Wm. A. B.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Wm. A. B.(19) OCCUPATION House Wife(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 still at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Grace Bishop(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Bishopville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 30 19 22(28) E. Stille Outtan  
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.