

County of Franklin
Township of Cherokee
or
Inc. Town of.....
or
City of

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

2506

Registration District No. H.O.2.B. Registered No. 16
(For use of Local Registrar)

City of (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 Bertha Bishop ----- If child is not yet named, make supplemental report as directed

BIRTH Jan 11 1922
(Month) (Day) (Year)

46

to be

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

(22) I hereby certify that I attended the birth of this child, who was James Alan at 9 M.
on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

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

(20) **Witness**

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

(37)

22

(29)

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*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.