

Form No. 1

## (1) PLACE OF BIRTH

County of GeorgetownTownship of # 4or  
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

Registration District No 2103

File No.—For State Registrar Only

302984

Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Bishop

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

(3) BOY OR GIRL? Female(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? ye(7) DATE OF BIRTH Sept 30 22  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Crank Bishop(9) PRESENT POSTOFFICE OF FATHER Georgetown S C R 1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Willemsburg Cong S C(13) OCCUPATION Plowman(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Green(15) PRESENT POSTOFFICE OF MOTHER Georgetown S C R 1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Willemsburg Cong S C(19) OCCUPATION Farmer(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 born alive 3 P. M.  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary F. Medwicks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown S C R 1

Given name added from a supplemental report

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

(27) Filed Oct 3 1922 (28) W. Bailey  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

RECORD OF COLUMBIA, COLUMBIA, S. C.