

No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Highland
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Register 22085

Registration District No. 3604 Registered No. 87
 (For use of Local Registrar)

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

(2) Full Name of Child Wesley Lee Bismphill If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 2, 1923
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles Bismphill
 (9) PRESENT POSTOFFICE OF FATHER Worshiping
 (10) COLOR White (11) AGE 30
 (12) OCCUPATION Orangeburg, S.C.
Farming
 (13) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Worshiping
 (16) COLOR White (17) AGE 25
 (18) OCCUPATION Orangeburg, S.C.
Fruit & Nut
 (19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 15 years at 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Wesley Lee Bismphill(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Worshiping

Given name added from a supplemental report

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

(25) Filed July 1st 1923 (26) W. L. Williams Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.