

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beech

Inc. Town of

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

File No.—For State Registrar Only

30108

Registration District No. H.C. Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Wiccia Dwyer Bishop 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) Sex Male (7) DATE OF BIRTH July 22, 1923(8) FULL NAME FATHER J.A. Bishop (9) NAME BEFORE MARRIAGE MOTHER Viola Leay(10) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C. (11) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 44 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 36(16) BIRTHPLACE Spartanburg, S.C. (17) BIRTHPLACE Spartanburg, S.C.(18) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H.E. Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed Sept 15, 1923 (28) 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.