

(1) PLACE OF BIRTH

County of Alameda
 Township of Baldock

CERTIFICATE OF BIRTH

ISSUED BY HEALTH COMMISSIONER
 Bureau of Vital Statistics
 State Board of Health

Reg. Town of.....

Registration District No. 1

Registered No. 1
 (For use of Local Registrar)

City of..... (No. St.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie Mae Bellinger If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) AGE 4 (5) NUMBER IN ORDER OF BIRTH 1 (6) DATE OF BIRTH Jan 9 1923
 To be recorded only in case of twins or triplets

FATHER.

(8) FULL NAME Martin Bellinger

(9) PRESENT RESIDENCE OF FATHER Martin SC

(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Barnwell SC

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Bell Ruddy

(15) PRESENT RESIDENCE OF MOTHER Martin SC

(16) COLOR W 970 (17) AGE AT LAST BIRTHDAY 23

(18) BIRTHPLACE Barnwell SC

(19) OCCUPATION House Wife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... (Born alive or stillborn) (Sex A. M. or F. M.)

(23) (Signature) Ellen D. Ruddy

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Martin SC

Given name added from a supplemental report

Ellen D. Ruddy

Jan 10 1923

Registrar

(26) Witness Ellen D. Ruddy

(signature of witness necessary only when question 26 is signed by mark)

(27) Filed Jan 10 1923 (28) F. H. Bond

*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once, it must not be reported as stillborn. No report is desired at all before the fifth month of pregnancy.