

53842

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

Inc. Town of Registration District No. 4008 Registered No. 494
or (For use of Local Registrar)
or
City of Spartanburg (No. R.F.D. 1) St. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH march 29 1911
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER

MOTHER.

(8) FULL NAME *Wilmington*
Danvers Bellows

(14) NAME BEFORE MARRIAGE *Carol Ann*

(9) PRESENT POSTOFFICE OF FATHER *Spokane Falls, R. 1 S-C*

(15) PRESENT
POSTOFFICE
OF MOTHER *Shartburg R. S. C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth { 2

(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 alive at 6 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only)

when question 23 is signed by me.)

..... 10/20/44, 191.....

(27) Filed April 5 1916 (28) W. J. Sasser
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.

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