

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Carriehall  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**42065**

Registration District No. 1601... Registered No. 116  
 (For use of Local Registrar)

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

(2) Full Name of Child Lula May Belhea { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 16, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME James D. Belhea

9) PRESENT POSTOFFICE OF FATHER Hamer, S.C.

10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29  
 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 6

## MOTHER.

14) NAME BEFORE MARRIAGE Janet Colbert

15) PRESENT POSTOFFICE OF MOTHER Hamer S.C.

16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (Years)

18) BIRTHPLACE S.C.

19) OCCUPATION Domestic

21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Porter

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hamer S.C.

Given name added from a supplemental report

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

(27) Filed Dec 16, 22 (28) Alva Green  
 Registrar 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.

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.