

## (1) PLACE OF BIRTH

County of Startbury  
 Township of Green Hills  
 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

32281

Registration District No. 4002 Registered No. 69  
 (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 Ruth Monica Bellis

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH 9/6/22  
 (Name of Month) (Day) (Year)

## FATHER..

(8) FULL NAME Orval Bellis  
 (9) PRESENT POSTOFFICE OF FATHER Pauline R.T.D. 2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE Startbury Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Second

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Riddle  
 (15) PRESENT POSTOFFICE OF MOTHER Pauline R.T.D. 2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Year)  
 (18) BIRTHPLACE Startbury Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. C. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Green Hills SC

Given name added from a supplemental report

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

(27) Filed Sept 20 19 22 (28) Mrs. G. C. White 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.

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.