

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Corry
 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

42963

Registration District No. 2822 Registered No. 200
 (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 Lela Bell

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. P. Bellamy
 (9) PRESENT POSTOFFICE OF FATHER Hammoudd, S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Horry Co
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Queen Barnhill
 (15) PRESENT POSTOFFICE OF MOTHER Hammoudd S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Horry Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elleu Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rose Lake S.C.

Given name added from a supplement
 tal report

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

(27) Filed Dec 26 22 (28) J. L. Dorris
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.