

(1) PLACE OF BIRTH

County of HenryTownship of Sampson

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19054

Registration District No. 2509Registered No. 60
(For use of Local Registrar)(2) Full Name of Child Stella May Bellamy

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 25</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robt M. C. Cray(9) PRESENT POSTOFFICE OF FATHER Longo S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Longo S.C. Henry Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bellamy(15) PRESENT POSTOFFICE OF MOTHER Longo S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Longo S.C. Henry Co.(19) OCCUPATION Housework(21) 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 at 5 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mancy Bellamy
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Longo S.C.

Given name added from a supplemental report

(26) Witness M. L. Long
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 19, 1922 (28) Harold S. Pink
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.