

(1) PLACE OF BIRTH

County of *Spencer*Township of *W.S.*

or

Inc. Town of

or

City of

(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

Registration District No. *Fourth*

File No.—For State Registrar Only

36416

Registered No. *116*
(For use of Local Registrar)

(2) Full Name of Child

Vella Mabel Bellenger

(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 *Oct 8 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen Bellenger

(9) PRESENT POSTOFFICE OF FATHER

Wheeler St. R. #2

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY *26*
(Years)

(12) BIRTHPLACE

Se.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Enter Cate

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY *27*
(Years)

(18) BIRTHPLACE

Se.

(19) OCCUPATION

Domestic

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

4

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Durham

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10/13**1922*

(28) 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.