

Form No. 1

(1) PLACE OF BIRTH

County of Harry
Township of Little River
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
710

Registration District No. 1507 Registered No. 15
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Rebecca Bellamy 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 Feb. 10, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Messie Higgins
9) PRESENT POSTOFFICE OF FATHER Dothow NC
10) COLOR OR RACE Blk 11) AGE AT LAST BIRTHDAY 27 (Years)
12) BIRTHPLACE NC
13) OCCUPATION Iron Worker
20) Number of children born to mother, including present birth one

MOTHER.

14) NAME BEFORE MARRIAGE Miss Bellamy
15) PRESENT POSTOFFICE OF MOTHER Little River SC
16) COLOR OR RACE Blk 17) AGE AT LAST BIRTHDAY 21 (Years)
18) BIRTHPLACE SC
19) OCCUPATION Iron Worker
21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Low Cinda Vaughn
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 14, 1923 in 6626 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

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3

Bureau of Columbia, Columbia, S. C.