

MARGIN RESERVED FOR BINDING.

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 1.

Section of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of
Township of
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

7257

Registration District No. 2302

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Oliver Janette Bellinger*

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number of birth order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *2/2/1923*

(8) FULL NAME *Guy L. Bellinger* FATHER (14) NAME BEFORE MARRIAGE *Leona Robinson* MOTHER

(9) PRESENT POSTOFFICE OF FATHER *Ida, S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Leona A.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37*

(12) BIRTHPLACE *Cherry Hill, N.C.* (18) BIRTHPLACE *Neon, Louisiana, L.C.*

(13) OCCUPATION *Section Foreman R.R.* (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Dr. J. H. Bellinger*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Greenwood*

(Given name added from a supplemental report)

(26) Witness

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

(27) Place *Ida*

(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 shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.