

Form No. 1

(1) PLACE OF BIRTH

County of HenryTownship of Little River

Inc. Town of

City of

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

(2) Full Name of Child James Bellomy3) BOY OR GIRL Boy

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 19, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Melvin Bellomy9) PRESENT POSTOFFICE OF FATHER Little River(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Harry Co SC(13) OCCUPATION Farmer

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Bethea(15) PRESENT POSTOFFICE OF MOTHER Little River SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 120 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Green(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waverly SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 27, 1923 (28) 6022 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