

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 6.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry.....
 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

22643

Registration District No. 20?, Registered No. 23.....
 (For use of Local Registrar)

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

(2) Full Name of Child James Albert Bellamy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 30, 1922
 (Name of Month (Day) (Year))

FATHER			MOTHER		
(8) FULL NAME <u>Millie Bellamy</u>	(14) NAME BEFORE MARRIAGE <u>Edna Greene</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Waukena SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waukena SC</u>				
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)				
(12) BIRTHPLACE <u>Horry Co</u>	(18) BIRTHPLACE <u>Horry Co</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Horsekeeping</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James A. Bellamy
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little River SC

Given name added from a supplemental report

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

(27) Filed May 6 1922 (28) Tele McConley 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.