

(1) PLACE OF BIRTH

County of Proctor

Township of

Inc. Town of

City of Asheville

(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. 37No. 18773Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD girl (2) Time of Birth mo (3) Number in order of birth 1 (4) Age of Parents 44 (5) DATE OF BIRTH June 25, 1923

FATHER

(6) FULL NAME Earl Elias Bellisier(7) PRESENT POSTOFFICE OF FATHER Asheville(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 30(10) BIRTHPLACE Georgia(11) OCCUPATION mill hand(12) Number of children born to mother, including present birth 5th

MOTHER

(13) NAME BEFORE MARRIAGE Julia May Howdy(14) PRESENT POSTOFFICE OF MOTHER Asheville(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 28(17) BIRTHPLACE Georgia(18) OCCUPATION mill hand(19) Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 10 P.M. or A.M.) on the date above stated.(21) (Signature) [Signature]

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Asheville

Given name added from a supplemental report

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

(25) Dated July 10, 1923 (26) F. F. WYLLIE 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.

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