

## (1) PLACE OF BIRTH

County of Horry  
 Township of Corryway  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 10-17 Sub Register 10  
**10849**

Registration District No. 7.522 Registered No. 40  
 (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 Emerson Bellamy If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD <u>girl</u>	(b) Twin or Triplet To be answered only in case of Twin or Triplet	(c) Number in order of birth	(d) Are Parents Married <u>yes</u>	(e) DATE OF BIRTH <u>Jan 16</u> to <u>23</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(f) FULL NAME <u>Emerson T Bellamy</u>			(f) NAME BEFORE MARRIAGE <u>Bonnie Cox</u>	
(g) PRESENT POSTOFFICE OF FATHER <u>Sumter SC</u>			(g) PRESENT POSTOFFICE OF MOTHER <u>Corryway SC</u>	
(h) COLOR OR RACE <u>white</u>	(i) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(h) COLOR OR RACE <u>white</u>		
(j) BIRTHPLACE <u>Horry Co</u>	(i) AGE AT LAST BIRTHDAY <u>23</u> (Years)			
(k) OCCUPATION <u>Electrician</u>	(j) BIRTHPLACE <u>Horry Co</u>			
(l) Number of children born to mother, including present birth <u>2</u>	(k) OCCUPATION <u>Home work -</u>			
(m) Number of children of this mother now living, including present birth <u>2</u>			(l) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 1:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) N. H. Scarborough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Apr 19 1923

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

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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