

(1) PLACE OF BIRTH

County of York
 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

7-111

Registration District No. 2507 Registered No. 18
 (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 Jared Ernest Bellamy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wayne Bellamy</u>			(14) NAME BEFORE MARRIAGE <u>Mary Evelyn Edgell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waupec</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waupec</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Blond</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Waupec</u>			(18) BIRTHPLACE <u>Waupec</u>	
(13) OCCUPATION <u>Labor</u>			(19) OCCUPATION <u>Labor</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mathewine Kendall(24) State whether Physician Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
 tal report)

(26) Witness

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

(27) Filed Feb 22 1923(28) W. H. B. B. B. 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.