

(1) PLACE OF BIRTH

County of OrangeburgTownship of Beaufort

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34900

File No.—For State Registrar Only

2128

Registered No. 7

(For use of Local Registrar)

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

(2) Full Name of Child Anna R. Bellinger

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

(3) SEX OR

SEX Yes

(4) Twin

or Triplet

(5) Number in

order of birth

To be answered only in event of Twin or Triplet

(6) Are

Parents

Married yes

DATE OF

BIRTH

July 27, 1922

(Month) (Day) (Year)

FATHER

(7) FULL

NAME Isaiah Bellinger

(8) PRESENT

POSTOFFICE

OF FATHER Brownaw D.C.

(9) COLOR

OR

RACE Black

(10) AGE AT LAST

BIRTHDAY 34

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to

mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(14)

I hereby certify that I attended the birth of this child, who was alive

on the date above stated.

(Born alive or stillborn)

(How, M. or P. M.)

(15) (Signature)

(16) Name

(17) Address of Physician or Midwife

(18) Address of Physician or Midwife

(19) Name of mother, if known, on supplemental

(20) Name of mother, if known, on supplemental

(21) Name of mother, if known, on supplemental

(22) Name of mother, if known, on supplemental

(23) Name of mother, if known, on supplemental

(24) Name of mother, if known, on supplemental

(25) Name of mother, if known, on supplemental

(26) Name of mother, if known, on supplemental

(27) Name of mother, if known, on supplemental

(28) Name of mother, if known, on supplemental

(29) Name of mother, if known, on supplemental

(30) Name of mother, if known, on supplemental

(31) Name of mother, if known, on supplemental

(32) Name of mother, if known, on supplemental

(33) Name of mother, if known, on supplemental

(34) Name of mother, if known, on supplemental

(35) Name of mother, if known, on supplemental

(20) Witness

(21) Signature of Witness

(22) Name of Witness

(23) Address of Witness

(24) Address of Witness

(25) Address of Witness

(26) Address of Witness

(27) Address of Witness

(28) Address of Witness

(29) Address of Witness

(30) Address of Witness

(31) Address of Witness

(32) Address of Witness

(33) Address of Witness

(34) Address of Witness

(35) Address of Witness

(20) Witness

(21) Signature of Witness

(22) Name of Witness

(23) Address of Witness

(24) Address of Witness

(25) Address of Witness

(26) Address of Witness

(27) Address of Witness

(28) Address of Witness

(29) Address of Witness

(30) Address of Witness

(31) Address of Witness

(32) Address of Witness

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(34) Address of Witness

(35) Address of Witness

(20) Witness

(21) Signature of Witness

(22) Name of Witness

(23) Address of Witness

(24) Address of Witness

(25) Address of Witness

(26) Address of Witness

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(35) Address of Witness

(20) Witness

(21) Signature of Witness

(22) Name of Witness

(23) Address of Witness

(24) Address of Witness

(25) Address of Witness

(26) Address of Witness

(27) Address of Witness

(28) Address of Witness

(29) Address of Witness

(30) Address of Witness

(31) Address of Witness

(32) Address of Witness

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(34) Address of Witness

(35) Address of Witness

(20) Witness

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