

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Smith

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

22635

Registration District No. H-16Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child Maggie Bellamy

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

3) BOY OR GIRL? Girl

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? no

7) DATE OF

BIRTH June 25, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Legit.

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Lettie Bellamy15) PRESENT POSTOFFICE OF MOTHER Lewis, S.C. R116) COLOR OR RACE Colord

17) AGE AT LAST BIRTHDAY

(Years)

18) BIRTHPLACE Horry Co. S.C.19) OCCUPATION housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Barry T. Burr(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Lewis S.C. R1

Given name added from a supplemental report

(26) Witness E. B. Brown

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

(27) Filed July 27, 1922

(28)

E. B. Burr
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.

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

N. 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 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.