

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pregnall, a Notary of South Carolina, Emily Bellinger, who being duly sworn, deposes that she is a resident of the City of Charleston, S.C. County aforesaid; that she is the mother of Herbert Bellinger was born at the Roper Hospital in Charleston, S.C. on the 20th of 1923; that she has tried to get the record from Roper Hospital could not; that she has given the answers in the attached record of birth and that the same are true and correct.

SWORN to before me this

11 th day of September, A.D. 1931

Emma G. Pregnall
Notary Public, S.C.

My term expires at the will of the Governor.

Do not use the word "merchant," use give the same explanation as the word "merchant" in the Code of Laws of South Carolina. A person who sells goods should be called a salesman and not a retail merchant and Wholesale merchant.

1. PLACE OF BIRTH

City of Charleston

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Dept. of Health

Registration District No. 2A

FILE No.—For State Register Only

3114 ACity of Charleston

(No. Roper Hospital.)

Registered No. 268 A.

(For use of Local Registrar)

City of Charleston

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

2. FULL NAME OF CHILD Herbert Bellinger

(If child is not yet named, make appropriate report on death)

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|-------------------------------|-------------------------------------|---|---------------------------------|---------------------------|--|
| 3. Sex of child <u>Boy</u> | 4. Place of birth <u>At Home</u> | 5. Twin, triplet, or other <u>1. Number, in order of birth</u> | 6. Forename <u>Full name</u> | 7. Legible <u>mark</u> | 8. Date of birth <u>Feb. 20, 1923</u> (Month, day, year) |
|-------------------------------|-------------------------------------|---|---------------------------------|---------------------------|--|

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| 9. Full name <u>FATHER</u> <u>Herbert Bellinger</u> |
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| 10. Full name <u>MOTHER</u> <u>Emily Chavers</u> |
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11. Residence (usual place of abode)
(If nonresident, give place and State) 197 Coming St.11. Residence (usual place of abode)
(If nonresident, give place and State) 197 Coming St.12. Color or race Col.12. Color or race Col.13. Age at last birthday 10 (Years)13. Age at last birthday 20 (Years)14. Birthplace (city or place)
(State or country) Johns Island, S.C.14. Birthplace (city or place)
(State or country) Johns Island, S.C.15. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
Driver15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
At Home16. Industry or business in which work was done, as silk mill, woolen bank, etc.
Furniture Co.

16. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

17. Date (month and year) last engaged in this work
Present17. Date (month and year) last engaged in this work
Present18. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 119. If stillborn, period of gestation months weeks 20 Cause of stillbirth During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P.m. on the date above stated
(Born alive or stillborn)(Signed) Intern at Roper Hospital M.D.or (Record not obtainable from M.D.)Address Roper HospitalFiled Sept. 11, 1923 Leon B. Roy, M.D.