

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public of South Carolina, Emily Bellinger, who being duly sworn, deposes that she is a resident of the City of Charleston, Charleston County aforesaid; that she is the mother of Herbert Bellinger who was born at the Roper Hospital in Charleston, S.C. on the 20th day of September, 1923; that she has tried to get the record from Roper Hospital and 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," but give the same description as the person. Do not use the words "retail merchant" and "Wholesale merchant." A person who sells goods should be called a salesman and not a merchant.

1. PLACE OF BIRTH
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics

FILE No.—For State Register Office
3114 A

2. SEX of _____
3. RACE of _____
4. NAME of _____
5. CITY of Charleston

6. Date of Birth _____
7. Registration District No. 2A
8. Registered No. 268 A
(For use of Local Registrar)

9. FULL NAME OF CHILD Herbert Bellinger
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make appropriate report on death)

10. Sex of Child Boy
11. Place of Birth _____
12. Term, length, or other _____
13. Number, in order of birth _____
14. Promoters _____
15. Legitimacy Yes
16. Date of Birth Feb. 20, 1923
(Month, day, year)

17. Full name of FATHER
Herbert Bellinger

18. Full name of MOTHER
Emily Chavers

19. Residence (usual place of abode)
(If nonresident, give place and State) 197 Coming St.

20. Residence (usual place of abode)
(If nonresident, give place and State) 197 Coming St.

21. Color or race Col.
22. Age at last birthday 20 (years)

23. Color or race Col.
24. Age at last birthday 20 (years)

25. Birthplace (city or place)
(State or country) Johns Island, S.C.

26. Birthplace (city or place)
(State or country) Johns Island, S.C.

27. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
Driver

28. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
At Home

29. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
Furniture Co.

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

31. Date (month and year) last engaged in this work
Present
32. Total time (years) spent in this work Yrs.

33. Date (month and year) last engaged in this work
19
34. Total time (years) spent in this work

35. 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 _____

36. If stillborn, period of gestation _____ (months weeks) 37. Cause of stillbirth _____
38. Sex of child _____
39. 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)

(When there was no attending physician or midwife, then the father, housekeeper, etc., should make this report.
Given name added from a supplemental report.)

(Signed) Intern at Roper Hospital, M.D.
or (record not obtainable from _____)
Roper Hospital
Address _____

Filed Sept. 11, 1923 Leon B. Boy, M.D.