

(1) PLACE OF BIRTH

County of Harley
Township of Buckneror
Inc. Town ofor
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

19008

Registration District No. 2507 Registered No. 38
(For use of Local Registrar)City of Buckport SC 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 John D. Bellamy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth First (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1907
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Bellamy(9) PRESENT POSTOFFICE OF FATHER Buckport SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Hamper PO(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Arilla Burroughs(15) PRESENT POSTOFFICE OF MOTHER Buckport SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Buckport SC(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catharine McCall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 101....

..... Cannon
Registrar(26) Witness Dr. Singleton
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 10 C. Cannon 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.

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