

## 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)

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.12. Residence (usual place of abode)  
(If nonresident, give place and State) 197 Coming St.13. Color or race Col. 14. Age at last birthday 20 (Years)15. Color or race Col. 16. Age at last birthday 20 (Years)17. Birthplace (city or place)  
(State or country) Johns Island, S.C.18. Birthplace (city or place)  
(State or country) James Island, S.C.

19. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>Driver</u>	20. Industry or business in which work was done, as silk mill, woolen bank, etc. <u>Furniture Co.</u>
21. Date (month and year) last engaged in this work <u>Present</u>	22. Total time (years) spent in this work <u>Yrs.</u>

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>At Home</u>	24. Industry or business in which work was done, as own house, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. 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 1

28. If stillborn, period of gestation <u>months</u> <u>weeks</u>	29. Cause of stillbirth	30. Before labor	31. During labor
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## 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 return.)

(Signed) Intern at Roper Hospital, M.D.  
or (Record not obtainable from M.D.  
Roper Hospital)Given name added from  
a supplemental report (Date of)Address Roper Hospital  
Filed Sept. 11, 1923 Leon B. Roy, M.D.