

(1) PLACE OF BIRTH

County of **Horry**
 Township of **Simpson Creek**
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

36391

Registration District No. **2509** Registered No. **117**
 (For use of Local Registrar)

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

(2) Full Name of Child **Carl Bellamy** If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL** **Boy** (4) **Twin or Triplet?** To be answered only in case of Twins or Triplets (5) **Number in order of birth** (6) **Are Parents Married?** **Yes** (7) **DATE OF BIRTH** **Sept 14 1923**
 (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** **Fletcher Bellamy,**

(9) **PRESENT POSTOFFICE OF FATHER** **Loris, # 3, S.C.,**

(10) **COLOR OR RACE** **Negro** (11) **AGE AT LAST BIRTHDAY** **28**
 (Year)

(12) **BIRTHPLACE** **Horry County, S.C.,**

(13) **OCCUPATION** **Farming,**

(20) **Number of children born to mother, including present birth** **SEVEN**

MOTHER.

(14) **NAME BEFORE MARRIAGE** **Lula Hardee,**

(15) **PRESENT POSTOFFICE OF MOTHER** **Loris, # 3, S.C.,**

(16) **COLOR OR RACE** **Negro** (17) **AGE AT LAST BIRTHDAY** **28**
 (Year)

(18) **BIRTHPLACE** **Horry County, S.C.,**

(19) **OCCUPATION** **Housewife,**

(21) **Number of children of this mother now living, including present birth** **SEVEN**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) **L. J. Jones** (24) State whether **Physician or Midwife** (25) Address of Physician or Midwife

Midwife **Loris, # 2, S.C.,**

(Given name added from a supplemental report)

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

(27) **Filed** **Sept 24th 1923** (28) **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.