

# CERTIFICATE OF BIRTH

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

14482

County of Harvey.....  
 Township of San Jacinto.....  
 or  
 No. Town of.....  
 or  
 City of .....

Restoration District No. 146

Registered No. 6  
(For use of Local Registrar)

City of ..... (No. .... St. ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

① Full Name of Child... Amber Lee Wilson If child is not yet named, see supplemental report on sheet

1) SEX <i>girl</i>	2) TYPE <i>or Ticker</i>	3) MEMBERSHIP IN <i>order of birth</i>	4) AGE <i>24</i>	5) DATE OF BIRTH <i>Jan 1</i>
--------------------	--------------------------	--	------------------	-------------------------------

FATHER.

1. FULL NAME *Eddie Bellamy*

2. PRESENT PHOTOGRAPH OF FATHER *Allshbrook SC.*

3. (10) COLOR *Black* (11) AGE AT LAST BIRTHDAY *22* (12) AGE *22*

4. (10) BIRTHPLACE *Allshbrook SC. Hampshire*

5. (10) OCCUPATION *Public works*

6. (10) Number of children born to father since current birth *1 son*

MOTHER.

(74) NAME BEFORE MARRIAGE Berna Wilson

(75) PRESENT NAME allshbrook SC

(76) COLOR Chesed (77) AGE AT LAST BIRTHDAY June 18

(78) BIRTHPLACE Allshbrook SC. Hwy 6

(79) OCCUPATION Housewifery

(71) Number of children of this mother now living (including present card) One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(20) I hereby certify that I attended the birth of this child, who was John Allen ..... (Born alive or stillborn) (Hour 7 A. M. or P. M.)  
on the date above stated.

(28) (Signature) \_\_\_\_\_  
(29) State whether Physician or Midwife \_\_\_\_\_ (30) Address of Phys. or Midwife \_\_\_\_\_  
*Any Wilson Kufunga*

Given name added from a supplemental report

(28) Witness ..... (Signature of Witness necessary only  
when question is signed by mark)  
(29) Filed July 2 1952 (30) Sealed 1952  
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.