

(1) PLACE OF BIRTH

County of Harry
 Township of Simpson Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38897

Registration District No. 7509Registered No. 107
(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 Ernest 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 No (6) Are Parents Married? No (7) DATE OF BIRTH 9/30 19 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Decker Freeman
 (9) PRESENT POSTOFFICE OF FATHER Loris, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Fairbluff, W.C.
 (13) OCCUPATION Laborer

MOTHER

(14) NAME BEFORE MARRIAGE Sara Bellamy
 (15) PRESENT POSTOFFICE OF MOTHER Loris, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
 (Year) (18) BIRTHPLACE Harry Co. S.C.
 (19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10/2 19 22 (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.