

(1) PLACE OF BIRTH

County of Calhoun
 or
 Township of Supore
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

84585

Registration District No. 802 Registered No. 168
 (For use of Local Registrar)

City of (No. 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 Bertha Lee Bellinger

(3) BOY Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 22, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Bellinger
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Lee
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Henrietta Brown
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 22, 1916 (28) W. S. Keller
 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.