

(1) PLACE OF BIRTH

County of WayneTownship of Longs Creek

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2509

No. for this register

14472Registered No. 70
(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 Jas Bellamy

If child is not yet named, make supplemental report as directed.

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number of Births 4 (6) Age of Mother 22 (7) DATE OF BIRTH March 4, 1923FATHER.
(8) FULL NAME Water Bellamy
(9) PRESENT POSTOFFICE OF FATHER Longs SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Longs SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth ThreeMOTHER.
(15) NAME BEFORE MARRIAGE Missie Bellamy
(16) PRESENT POSTOFFICE OF MOTHER Longs SC
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 22
(19) BIRTHPLACE Longs SC
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Bear P. M. or P. M.)(23) (Signature) Wm Bellamy (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Longs SC

Give name in full from a supplemental report

(26) Witness W. L. Long (Signature of Witness necessary only when question 22 is signed by mark)
(27) Date Apr 4, 1923 (28) Wm Bellamy 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.