

(1) PLACE OF BIRTH

County of Horry

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
56328Township of Simpson Creekor
Inc. Town of
orRegistration District No. 25-092 Registered No. 39
(For use of Local Registrar)City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. St. Ward(2) Full Name of Child Guy Padrick { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 6 1916
(Name of Month) (Day) (Year)

(8) FULL NAME <u>James Padrick</u>		(14) NAME BEFORE MARRIAGE <u>Mallie Bellamy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Longs, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Longs, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Horry Co S.C.</u>		(18) BIRTHPLACE <u>Horry Co S.C.</u>	
(13) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth { <u>2</u> }		(21) Number of children of this mother now living, including present birth { <u>2</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness Phis Padrick
(Signature of Witness necessary only when question 24 is signed by mark)(27) Filed April 7, 1916 (28) J. A. Bryant
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

WRI
M. H.

McCaw