

(1) PLACE OF BIRTH

County of Horry
Township of Pitts River
or
Inc. Town of Wampae
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7956

Registration District No. 2007 Registered No. H
(For use of Local Registrar)

(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 Charles Ford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth: 6th (6) Are Parents Married? no (7) DATE OF BIRTH: Jan 26, 1922
(Age of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Charley Bellamy
(9) PRESENT POSTOFFICE OF FATHER Wampae, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Year)
(12) BIRTHPLACE Wampae, S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth _____

MOTHER.

(14) NAME BEFORE MARRIAGE Suey Ford
(15) PRESENT POSTOFFICE OF MOTHER Wampae, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Year)
(18) BIRTHPLACE Wampae, S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Maria Bryant (24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness Carrie V. Coxy Katharine Bond
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 11, 1922 (28) C. G. W. Clardy
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.

OFFICE-BORN, No. 1. THIS OFFICE, No. 2. (For questions, see MEDICAL COLUMBIA, B.