

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14.—For State Registrar Only

14468

County of Horry
Municipality of Buffalo
or
In Town of.....
or
City of.....Registration District No. 2504 Registered No. 16
(For use of Local Registrar)(No. St. Ward d)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(1) Full Name of Child Clara Mary Bellamy (If child is not yet named, make a supplemental report as directed)(2) SEX OF CHILD girl (3) Type of Toilet ☒ To be answered only in event of Toilet or Tub (4) Age of Child 4y. (5) DATE OF BIRTH Mar. 3, 1913
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME David Malan Bellamy(7) PRESENT POSTOFFICE OF FATHER Louis, P.C. R.R.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 30
(Year)(10) BIRTHPLACE Horry County, P.C.(11) OCCUPATION Farming(12) Number of children born to mother, including present birth one

MOTHER.

(13) NAME BEFORE MARRIAGE Martha Calphina Lee(14) PRESENT POSTOFFICE OF MOTHER Louis, P.C. R.R.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 29
(Year)(17) BIRTHPLACE Horry County, S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.) 11:53 P.(21) (Signature) J. D. H. H. H. (22) State whether Physician or Midwife (23) Address of Physician or Midwife Louis, P.C.

Given name added from a supplemental report

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

(25) Filed Mar. 13, 1913 (26) 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.

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