

## (1) PLACE OF BIRTH

County of Richland Co  
 Township of Keudal

or  
 Inc. Town of Town

or  
 City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

31962

Registration District No. 55 Registered No. 1789  
 (For use of Local Registrar)

(2) Full Name of Child Helen Bellinger { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 27, 1912  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Bellinger

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23  
 (Years)

(12) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION laborer

(23) Number of children born to mother, including present birth 1 one

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bell Sargent

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17  
 (Years)

(18) BIRTHPLACE Richland Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5.30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Persix

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife

Given name added from a supplemental report

E. O. C. Sargent

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

(27) Filed 1.2.7.1912 (28) 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.

DEPT. OF THE CENSUS

FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

City of Columbia

light  
light