

## (1) PLACE OF BIRTH

County of Florence  
 Township of Pee Dee  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 10—For State Registrar Only

43878

Registration District No. 2013 Registered No. 11  
 (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 James Belvin

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

(3) SEX OR GENDER Boy (4) Type of Infant Term (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 19 1923  
 Is it assumed only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Elliott Belvin  
 (9) PRESENT POSTOFFICE OF FATHER Kingburg  
 (10) COLOR OR RACE neg 49 (11) AGE AT LAST BIRTHDAY 41  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 8

MOTHER  
 (15) NAME BEFORE MARRIAGE Luz Stucky  
 (16) PRESENT POSTOFFICE OF MOTHER Kingburg  
 (17) COLOR OR RACE neg 49 (18) AGE AT LAST BIRTHDAY 40  
 (19) BIRTHPLACE SC  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)

(23) (Signature) By Mrs. S. A. Wright  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
March 24 1924 (27) Filed W. T. Poston  
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.