

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar only

41022

County of GreenvilleTownship of Greenville

or Inc. Town of

City of

Registration District No. 2506Registered No. 109
(For use of Local Registrar)

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 A. J. Hunter Bellamy

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of Parents <u>Male</u>	(7) DATE OF BIRTH <u>Dec 16 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jimie Bellamy</u>			(14) NAME BEFORE MARRIAGE <u>Emma Kate</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Loris P.O.R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Loris P.O.R.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Horry Co. S.C.</u>			(18) BIRTHPLACE <u>Horry Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic work</u>	
(20) Number of children born to mother, including present birth <u>3</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 on the date above stated.(23) (Signature) Miss Helen J. Francis

(24) Sign of Mother Physician or Midwife

(25) Address of Physician or Midwife
Atkinsboro S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed in blank)

(27) Filed

Dec 17 1923

(28)

G. H. Ruffin

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.