

## (1) PLACE OF BIRTH

County of HorryTownship of Longsor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7507 Registered No. 117

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 10 1923</u> (Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Rob. A. Security</u>	(14) NAME BEFORE MARRIAGE <u>Nettie Bellamy</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Longs SC</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Longs SC</u>
(10) COLOR OR RACE <u>Black</u>	(12) AGE AT LAST BIRTHDAY <u>32</u>	(16) COLOR OR RACE <u>Black</u>	(18) AGE AT LAST BIRTHDAY <u>32</u>
(12) BIRTHPLACE <u>Longs SC Horry Co</u>	(14) BIRTHPLACE <u>Longs SC Horry Co</u>	(14) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 3 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Nancy Bellamy(25) State whether Physician or Midwife Midwife(26) Address of Physician or Midwife Longs SC

Given name added from a supplemental report

(28) Witness W. L. Love

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

(29) Filed Sept 20 1923 (30) Sanford

\*When there was no attending physician or midwife, then the father, householder, etc., must sign.  
If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.