

## (1) PLACE OF BIRTH

County of Spokane  
 Township of 1  
 or  
 Inc. Town of 1  
 or  
 City of 1

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**42684**

Registration District No. 40-2 Registered No. 1  
 (For use of Local Registrar)

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

## (2) Full Name of Child

3. SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-28-1923  
 (Name of Month) (Day) (Year)  
 8. FATHER'S FULL NAME William Bellas MOTHER'S Jane  
 9. PRESENT POSTOFFICE OF FATHER Spokane (14) NAME BEFORE MARRIAGE Martha Bellas  
 (15) PRESENT POSTOFFICE OF MOTHER Spokane  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 12. BIRTHPLACE Ky (18) BIRTHPLACE NC  
 13. OCCUPATION Operator (19) OCCUPATION housewife  
 20. Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## 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. (Hour A. M. or P. M.)

(23) (Signature) H. Wideman (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

L.A. Piser M.D.

10/19/43

19  
 Registrar

(26) Witness

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

(27) Filed 1

19

(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.

Supplementary report

(Date of)

State Registrar

Address

Filed 3-27

1944

Spokane