

MARGIN RESERVED FOR BLINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Horry  
 Township of Corryway  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

Registration District No. 2502 Registered No. 154  
 (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 William James Bellamy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1906  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Bellamy  
 (9) PRESENT POSTOFFICE OF FATHER Corryway C E  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Horry Co  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Thury Hughes  
 (15) PRESENT POSTOFFICE OF MOTHER Corryway C E  
 (16) COLOR OR RACE Co (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Horry Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1.4 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta L. Cox  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Corryway

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 9 1906 (28) L. Hooper 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.