

(1) PLACE OF BIRTH

County of WayneTownship of Haywoodor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7935

Registration District No. 1504Registered No. 9

(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 Ella Creola Bellamy

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

January 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lehigh Bellamy(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) FULL NAME Peter Herwin(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Cashie Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Myrtle Beach

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed Jan 20, 1922 (28) W. J. F. L. 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.