

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 1.

(1) PLACE OF BIRTH

County of Georgetown
 Township of North
 Inc. Town of
 City of (No. St. Ward) (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
21019

Registration District No. 100 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child Anna Balline (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth /	(6) Are Parents Married <u>married</u>	(7) DATE OF BIRTH <u>July 14 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Andrew Balline</u>	(14) NAME BEFORE MARRIAGE <u>Easa Ligne</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Georgetown County</u>	(13) OCCUPATION <u>Common Laborer</u>	(18) BIRTHPLACE <u>Georgetown County</u>	(19) OCCUPATION <u>Common work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) N. E. Breyton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filed July 14 1923 (28) Edl. H. H. H. Local Registrar

19 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.

Division of Statistics, Columbia, S. C.