

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19229

Registration District No.

Registered No.

(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 Fred. A. Ballenger

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

1. BOY OR GIRL

Boy

2. Twin or Triplet?

3. Number in order of birth

4. Are Parents Married?

Yes

5. DATE OF BIRTH

June 22, 1923

(Month) (Day) (Year)

6. FULL NAME

Fred. M. A. Ballenger

7. PRESENT POSTOFFICE OF FATHER

Glen Dale

8. COLOR OR RACE

White

9. AGE AT LAST BIRTHDAY

22

10. BIRTHPLACE

South Carolina

11. OCCUPATION

Millwork

12. Number of children born to mother, including present birth

3

13. NAME BEFORE MARRIAGE

MOTHER.

Hazel Moody

14. PRESENT POSTOFFICE OF MOTHER

Glen Dale

15. COLOR OR RACE

White

16. AGE AT LAST BIRTHDAY

22

17. BIRTHPLACE

South Carolina

18. OCCUPATION

Domestic

19. Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature)

C. M. Allen

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Physician

Glen Dale

Given name added from a supplemental report

(24) Witness

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

19 Registrar

(25) Filed

19

(26)

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.

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