

## (1) PLACE OF BIRTH

County of AndersonTownship of Bushy Creek

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17507

Registration District No. 302Registered No. 53  
(For use of Local Registrar)

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

2) Full Name of Child Larsh Josephine Balch

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 21, 1922  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Thomas Oziel Balch

(9) PRESENT POSTOFFICE OF FATHER

Tracy

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

27

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Georgia Ellen Scott

(15) PRESENT POSTOFFICE OF MOTHER

Tracy

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

28

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(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 Alive at 9 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Tracy

Sex name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed June 24, 1922(28) J. R. Watson  
Local Registrar

If 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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