

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 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

2216

Registration District No 2614 Registered No. 4
 (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 George Ballier 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 5 (6) Are Parents Married? Married (7) DATE OF BIRTH Jan 6 19 22
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Ballier
 (9) PRESENT POSTOFFICE OF FATHER Parler S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Orangeburg S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Moore
 (15) PRESENT POSTOFFICE OF MOTHER Parler S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Orangeburg S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emily Hampton
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Parler S.C.

Given name added from a supplemental report

James Ballier

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

(27) Filed Jan 9 19 22 (28) J. P. Dantler 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. IN CASE OF TWINNING, THIS IS A PERMANENT RECORD. THE CHILD MUST BE IDENTIFIED BY NAME, SEX, BIRTHPLACE, DATE OF BIRTH, AND MAKE THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 4.