

(1) PLACE OF BIRTH

County of Anderson
Township of Ball
or
Inc. Town of Ball
or
City of Ball

CERTIFICATE OF BIRTH

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

No. 221

Registration District No. 300 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child

(1) SEX OF CHILD <u>Male</u>	(2) DATE OF BIRTH <u>May 10, 1923</u>	(3) NUMBER IN ORDER OF BIRTH <u>5</u>	(4) AGE OF MOTHER <u>22</u>	(5) DATE OF BIRTH OF MOTHER <u>May 10, 1923</u>	(6) NAME OF MOTHER <u>White West</u>
(7) FULL NAME OF FATHER <u>Henry White</u>			(8) FULL NAME OF MOTHER <u>White West</u>		
(9) PRESENT ADDRESS OF FATHER <u>Ball, S.C.</u>			(10) PRESENT ADDRESS OF MOTHER <u>Ball, S.C.</u>		
(11) COLOR OF CHILD <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>22</u>	(13) COLOR OF MOTHER <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>33</u>	(15) OCCUPATION <u>Farmer</u>	
(16) BIRTHPLACE <u>Ball, S.C.</u>			(17) BIRTHPLACE <u>Ball, S.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of the father <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

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

(27) Date Jan 31, 1923

(28) 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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