

(1) PLACE OF BIRTH

County of SpartanburgTownship of Acadia

or

Inc. Town of Acadia

or

City of Acadia

(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

Registration District No. 4008Registered No. 354

(For use of Local Registrar)

(2) Full Name of Child Byron B. Ballenger Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7, 1923</u> (Name of Month) (Day) (Year)
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(8) FULL NAME OF FATHER
Joyce B. Ballenger(9) PRESENT POSTOFFICE OF FATHER
Acadia S.C.(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
34
(Year)(12) BIRTHPLACE
Inman S.C.(13) OCCUPATION
Cotton Mill Worker(20) Number of children born to mother, including present birth
6 - Six(14) NAME BEFORE MARRIAGE
Ernie Gregory(15) PRESENT POSTOFFICE OF MOTHER
Acadia S.C.(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
27
(Year)(18) BIRTHPLACE
Acadict S.C.(19) OCCUPATION
House wife(21) Number of children of this mother now living, including present birth
6 - Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Acadia on the date above stated.(23) (Signature)
Lina C. Dan(24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Acadia S.C.

Given name added from a supplemental report

(26) Witness
L. Bluest
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 12, 1923 (28) Mrs. G. F. Parker
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.