MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg

Township of 1

or

Inc. Town of .....

or

City of 1

(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. 40-a

(No. 172 Austin St.; ..... Ward)

File No.—For State Registrar Only
32128

Registered No. 421
(For use of Local Registrar)

(2) Full Name of Child William Henry Ballenger

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth —

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept. 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johney Ballenger

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Spartanburg S.C.

(13) OCCUPATION Porter (Hotel)

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Louis Hill

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION Teacher

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1.05 P.M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. T. Mansel M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 10-1- 19 22 (28) Jas. Copes
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.

*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.

Mack of Columbia, Columbia, S. C.