

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

7141

Registration District No. 2209A Registered No. 149

(For use of Local Registrar)

(No. 149 Parkway St.; Ward)

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

(2) Full Name of Child James Wm Ballinger If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Jan 6 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>James Wm Ballinger</u>			14. NAME BEFORE MARRIAGE <u>Mr. Lee Henry</u>	
9. PRESENT POSTOFFICE OF FATHER <u>149 Parkway Rev. City View Greenville</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12. BIRTHPLACE <u>Greenville SC</u>			18. BIRTHPLACE <u>Greenville SC</u>	
13. OCCUPATION <u>Brook Keeper</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>2</u>			21. Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1206 St., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. E. Benson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1206 St. Greenville

Given name added from a supplemental report

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

(27) Filed Jan 19 1923 (28) A. J. Mackley 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.

FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 1. BECAUSE SO COLUMBIA, COLUMBIA, S. C.

Registrar

Filed 2-1-23 1923