

(1) PLACE OF BIRTH

County of York
 Township of North
 or
 Inc. Town of White
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Register Only
21952

Registration District No. 340 Registered No. 74
 (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 Maggi Alfred Ballard (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL girl (4) Type or Triple — (5) Number in order of birth 1st (6) DATE OF BIRTH July 27, 1923
 To be answered only in case of Triple or Triplets

FATHER.

(8) FULL NAME John Under Ballard

(9) PRESENT POSTOFFICE OF FATHER Whitman, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE Goldville, S.C.

(13) OCCUPATION Cotton mill op.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maybelle Lewis

(15) PRESENT POSTOFFICE OF MOTHER Whitman, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE Union Cross Keys, S.C.

(19) OCCUPATION Domestic

(20) 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ballard

(24) State whether Physician

(25) Address of Physician or Midwife Whitman, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Dated July 31, 1923

(28) Local Registrar R. M. Snellett

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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