

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 BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
72821

County of Georgetown  
Township of .....  
or  
Inc. Town of .....  
or  
City of Georgetown (No. 418 Fraser St.; ..... Ward)

Registration District No. 21-A 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 Baby Ballard (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>\</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4th</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 10<sup>th</sup></u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lee Cannon Ballard

(9) PRESENT POSTOFFICE OF FATHER Georgetown - S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Virginia

(13) OCCUPATION Lumber

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

MOTHER.

(14) NAME BEFORE MARRIAGE Winnifred Rouse

(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Georgetown - S. C.

(19) OCCUPATION Housekeeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Gaillard - M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown S. C.

Given name added from a supplemental report

AMENDED P.I.

MAR 2 1918

19 ..... Registrar

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

(27) Filed Aug 15 1916 (28) O. D. Wyley 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.