

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

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

Registration District No. 21-A

Registered No. 74

(For use of Local Registrar)

(No. 418 St. Fraser Ward)

(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 10th</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Cannon Ballard</u>	(14) NAME BEFORE MARRIAGE <u>Winnifred Rouse</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Georgetown - S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown - S. C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Virginia</u>	(18) BIRTHPLACE <u>Georgetown - S. C.</u>	(19) OCCUPATION <u>Lumber</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

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. Ballard - 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

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. Wiley 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.