

Form No. 1

(1) PLACE OF BIRTH

County of Marshall
Township of Ree
or
Inc. Town of Ree
or
City of Ree

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4301

Registration District No. 201

Registered No. 24
(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 Louis Ballard

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

3) BOY OR GIRL Boy 4) Sex as listed Male 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Jan 7, 1923
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Louis Ballard
9) PRESENT POSTOFFICE OF FATHER Ree
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 38
12) BIRTHPLACE Ree
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 7

MOTHER

14) NAME BEFORE MARRIAGE Mary Lewis
15) PRESENT POSTOFFICE OF MOTHER Ree
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 38
18) BIRTHPLACE Ree
19) OCCUPATION Housewife
20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Betty Small (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Name and address of person to whom this report is sent
(27) Signature of Witness necessary when question 23 is signed W. H. Small
(28) Local Registrar

When this report is filed, the Registrar should make this return. If a child is born, the report is required of all births.