

## (1) PLACE OF BIRTH

County of Union  
 Township of Boysville  
 Inc. Town of Buffalo  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**12278**

Registration District Not 23 Registered No. 27  
 (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 Dorothy Mary Ballard If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? Girl  
 2. Twin or Triplet? \_\_\_\_\_  
 3. Number in order of birth \_\_\_\_\_  
 To be answered only in event of Twin or Triplet

4. Are Parents Married? yes

5. DATE OF BIRTH April 5 1923  
 (Month of Month) (Day) (Year)

## FATHER.

6. FULL NAME James L. Ballard

7. PRESENT POSTOFFICE OF FATHER Buffalo, S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)

12. BIRTHPLACE Commerce

13. OCCUPATION Teacher

20. Number of children born to mother, including present birth 1

## MOTHER.

14. NAME BEFORE MARRIAGE Edith Hoagland

15. PRESENT POSTOFFICE OF MOTHER Buffalo, S.C.

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 32 (Years)

18. BIRTHPLACE Commerce

19. OCCUPATION Homemaker

21. 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 at 11:30 P. M.,  
 on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1911 1/2 St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1923

J. H. Woodward  
 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.

Registrar [Signature]

LOCAL REGISTRAR

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