

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.  
STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens  
Township of Pickens  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16378

Registration District No. 3704

Registered No. 45  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John W. Balding

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 10 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Henry Balding

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Year)

(12) BIRTHPLACE Pickens Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Rigg's

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE Pickens Co.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Pickens Co. on the date above stated. (Hour 1:30 P. M. or P. M.)

(23) (Signature) J. H. Balding

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 8 1922

(28)

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.

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