

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 THIS OFFICE, NO. 2, ETC., IN QUESTION 5

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

2509

County of Spartanburg
Township of Seneca
or
Inc. Town of Seneca

Registration District No. 2-003

Registered No. 3
(For use of Local Registrar)

City of Seneca (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 Mary Emma Ball

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

3. BOY OR GIRL Girl
(4) Twin or Triplet? No
(5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 7 1922
(Month) (Day) (Year)

FATHER.

8. FULL NAME Frank Ball

9. PRESENT POSTOFFICE OF FATHER Seneca, S.C.

10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)

12. BIRTHPLACE Cock Co. Tenn

13. OCCUPATION Cotton mill work

20. Number of children born to mother, including present birth 1 2

MOTHER.

14. NAME BEFORE MARRIAGE Pammy Ethel Hughes

15. PRESENT POSTOFFICE OF MOTHER Seneca S.C.

16. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)

18. BIRTHPLACE Cock Co. N.C.

19. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was slave at 11 30 p.m. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee Seneca S.C.

Given name added from a supplemental report

Barby

Jan 31 1922

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed Jan 9 1922

(28) C. D. Hanna 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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