

Form No. 1

## (1) PLACE OF BIRTH

County of BalthousTownship of Shandy Run

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3100

Registration District No. 808 Registered No. 6  
(For use of Local Registrar)(2) Full Name of Child Ballie Rufus William

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

3) BOY OR GIRL

4) Twin or Triple

5) Number in order of birth

6) Are Parents Married

7) DATE OF BIRTH

Feb 28, 1923  
(Name of Month) (Day) (Year)

## FATHER

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

## MOTHER

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

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

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 ..... M.,  
on the date above stated. (Born alive or stillborn. (Bear A. M. or P. M.)

(23) (Signature)

(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 parent)

19 Registrar

(27) Filed Feb 28, 1923. (28) J. B. Bellinger 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.

MARRIAGE REGISTERED FOR BIRTHING.

WITH PLAINLY. WITH A SPACING 100-1000 IN A PERMANENT RECORD. IN THE CASE OF TWIN OR TRIPLETS AND A SUPPLEMENTARY REPORT FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2.

Bureau of Statistics, Columbia, S. C.