

(1) PLACE OF BIRTH

County of SequoyiaTownship of "or
Inc. Town of "
orCity 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

11205

Registration District No. 3109 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1
To be answered only in event of being a triplet(4) Are Parents Married? No(7) DATE OF BIRTH 3 14 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Mitchell(9) PRESENT POSTOFFICE OF FATHER Lexington, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Lexington County(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Lee Ballentine(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Ballentine(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Lexington, S.C.

Given name added from a supplemental report

(26) Witness Mr. C. E. Taylor
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 9, 1923 (28) Mr. C. E. Taylor
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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