

Form No. 1

(1) PLACE OF BIRTH
County of Greenville
Township of Oreal
or
Inc. Town of
or
City of (No. St. Ward)
(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. 77389 For State Registrar Only

Registration District No. 2213 Registered No. 60
(For use of Local Registrar)
Full Name of Child Jeddie Ballenger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 1 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Bob Ballenger
(9) PRESENT POSTOFFICE OF FATHER Wellford S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Paul Miller
(15) PRESENT POSTOFFICE OF MOTHER Wellford S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION house work
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 10 o'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Foster (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wellford, S.C.
Given name added from a supplemental report
(26) Witness E. L. Mack (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed October 16 1916 (28) Albert W. Nevers 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.

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.

Law of Columbia.