

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.

(1) PLACE OF BIRTH County of <u>Sumter</u> Township of or Inc. Town of or City of <u>Sumter</u> (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 Registration District No. <u>410</u> Registered No. <u>103</u> (For use of Local Registrar)		File No.—For State Registrar Only 20292
(2) Full Name of Child <u>Hugh Lusher Ballard</u>		(No. <u>Green Art</u> St.; Ward) (If child is not yet named, make supplemental report as directed)		
3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>married</u>	7) DATE OF BIRTH <u>June 26, 1922</u> (Name of Month) (Day) (Year)
FATHER. 8) FULL NAME <u>A. B. Ballard</u> 9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u> 10) COLOR OR RACE <u>colored</u> (11) AGE AT LAST BIRTHDAY <u>54</u> (Years) 12) BIRTHPLACE <u>Sumter Co. S.C.</u> 13) OCCUPATION <u>Carpenter</u> 20) Number of children born to mother, including present birth <u>2</u>		MOTHER. 14) NAME BEFORE MARRIAGE <u>Louise Haynesworth</u> 15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u> 16) COLOR OR RACE <u>colored</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) 18) BIRTHPLACE <u>Sumter Co</u> 19) OCCUPATION <u>house work</u> 21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born June 26, 1922 at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Belle Gable midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 19 .. Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>July 10, 1922</u> (28) <u>D. O. Browning</u> Local Registrar
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*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.