

FORM NO. 4  
N. E.—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 8.  
McCaw, of Columbia.  
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(1) PLACE OF BIRTH

County of

Marlboro

Township of

Red Bluff

or  
Inc. Town of

or  
City of

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

Registration District No.

3305

Registered No.

16

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49898

(2) Full Name of Child

William M. Ball Bivens

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

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb

17

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. R. Bivens

(9) PRESENT POSTOFFICE OF FATHER

M. C. Ball & Co.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

Marion N. C.

(13) OCCUPATION

Devil

MOTHER.

(14) NAME BEFORE MARRIAGE

William M. Ball

(15) PRESENT POSTOFFICE OF MOTHER

M. C. Ball

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Lancaster N. C.

(19) OCCUPATION

Domestic

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

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:50 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. C. Ball

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed

1916

(27)

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.