

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.

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(1) PLACE OF BIRTH

County of Sumter
Township of Privateer
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.--For State Registrar Only
87611

Registration District No. H. D. 4 Registered No. 127
(For use of Local Registrar)

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

(2) Full Name of Child Mings Ballard

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Nov 6, 1914
(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

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

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Katie Ballard

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S. C. A. #2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Sumter Co. S. C.

(19) OCCUPATION

Field work

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Hour A. M. or P. M.)

(23)

(Signature)

Hester + Ballard

(24)

State whether

Physician Midwife

(25) Address of Physician or Midwife

Palzell S. C.

Given name added from a supplemental report

(26) Witness

S. B. Kroll

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

(27) Filed

Nov 14, 1914

(28)

Silas B. Kroll

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.