

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 Georgetown  
 Township of Calhoun # 6  
 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.—For State Registrar Only  
85697

Registration District No. 2105 Registered No. 27  
 (For use of Local Registrar)

**(2) Full Name of Child** Loris Denwall Baly (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** Nov 7 1916  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
<b>(8) FULL NAME</b> <u>William D Baly</u>	<b>(14) NAME BEFORE MARRIAGE</b> <u>Hattie Brigg</u>	<b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Daks S.C.</u>	<b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Daks S.C.</u>
<b>(10) COLOR OR RACE</b> <u>White</u>	<b>(11) AGE AT LAST BIRTHDAY</b> <u>42</u> (Years)	<b>(16) COLOR OR RACE</b> <u>White</u>	<b>(17) AGE AT LAST BIRTHDAY</b> <u>35</u> (Years)
<b>(12) BIRTHPLACE</b> <u>Marion County</u>		<b>(18) BIRTHPLACE</b> <u>Georgetown County</u>	
<b>(13) OCCUPATION</b> <u>Farmer</u>		<b>(19) OCCUPATION</b> <u>House Wife</u>	
<b>(20) Number of children born to mother, including present birth</b> <u>1 7</u>		<b>(21) Number of children of this mother now living, including present birth</b> <u>1 7</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**(22)** I hereby certify that I attended the birth of this child, who was Born Alive.... at 6.. A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23)** (Signature) A. H. Marsh **(24)** State whether Physician or Midwife Midwife **(25)** Address of Physician or Midwife Daks S.C.

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 Nov 12 1916 **(28)** J. L. McCracken 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.

K O D A K S A F E