

(1) PLACE OF BIRTH

County of Greenville.....

Township of

or
Inc. Town ofor
City of Greenville, S. C. (No. 209 Briggs Ave.)

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

(2) Full Name of Child Rebecca L. Ballenger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Yes Married?	(7) DATE OF BIRTH <u>Feb. 3rd, 23</u>
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FATHER

(8) FULL NAME R. S. Ballenger

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(10) COLOR OR RACE white

(11) BIRTHPLACE Franklin Co. Ga.

(12) OCCUPATION Mechanic

MOTHER

(13) NAME BEFORE MARRIAGE Leo Gilbert

(14) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(15) COLOR OR RACE white

(16) BIRTHPLACE Franklin Co. Ga.

(17) AGE AT LAST BIRTHDAY 32

(18) OCCUPATION Housewife

(19) 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 alive at 5:45 P.M. on the date above stated. (born alive or stillborn) (Labor A. M. or P. M.)

(23) (Signature) Chas. P. Ballenger

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

Given name added from a supplemental report

June 29, 1923

James L. Lacey

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 9, 1923 (28) 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.

Before the fifth month of pregnancy.