

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.  
 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 3.

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Cedar Creek  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4343

Registration District No. 2802 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Robert Ballard

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

(1) BOY OR GIRL <u>Boys</u>	(4) Twin or Triplet? To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22, 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Ballard</u>			(14) NAME BEFORE MARRIAGE <u>Birtha Ballard</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Heath Spring</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Heath Spring #3</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY (Year)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY (Year)	
(12) BIRTHPLACE <u>Lancaster</u>			(18) BIRTHPLACE <u>Lancaster</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at the date above stated. (Born A. M. or P. M.) 3 P

(23) (Signature) Linda Colanther  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Heath Spring #3

Given name added from a complement-  
 and report

Signature

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

Feb 29 23 (26) Jas. H. Canther  
 Local Registrar

When the father, householder, etc., should make this return. No report is desired of stillbirths or of pregnancy.