

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of St. Jamesor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3488

Registration District No. 1309Registered No. 4
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child John BallardIf child is not yet named, make
supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered 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 10 23</u> (Name of Month) (Day) (Year)
----------------------------	--	------------------------------	------------------------------------	--

FATHER.

(8) FULL NAME Jack Ballard(9) PRESENT POSTOFFICE OF FATHER Davis St. S. C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Clarendon S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth ONE

MOTHER.

(14) NAME BEFORE MARRIAGE Eileen Ballard(15) PRESENT POSTOFFICE OF MOTHER Davis St. S. C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE Clarendon S. C.(19) OCCUPATION Home Field(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) Sarah Ballard(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Davis St. S. C.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Signed Feb 28 23 (28) S. E. Phillips
Registrar 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.