

(1) PLACE OF BIRTH

County of Sumter
 Township of Fulton
 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
19359

Registration District No. 4111 Registered No. 22
 (For use of Local Registrar)

St.; Ward)
 (No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leonia 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 Twin or Triplet (5) Are Parents Married? yes (7) DATE OF BIRTH Apr. 26, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Haygon Ballard
 (9) PRESENT POSTOFFICE OF FATHER Pineville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) NAME BEFORE MARRIAGE Virginia Nelson
 (15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Matilda White
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pineville S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 10, 23 (28) C. L. Griffin 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.