

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

37030

County of OrangeTownship of James R.

Inc. Town of _____

City of _____

Registration District No. 3504Registered No. 157
(For use of Local Registrar)

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

(2) Full Name of Child Kathleen Ballaban

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

(3) SEX Female

(4) Twin or Triplet?

(5) Number in order of birth 6(6) Age 4
Months(7) DATE Oct 20 A.D.
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Flarence E. Ballaban(9) PRESENT RESIDENCE OF FATHER James R.F.D.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER

(15) NAME BEFORE MARRIAGE Theresa Labella(16) PRESENT RESIDENCE OF MOTHER James R.F.D.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 40 (Years)(19) BIRTHPLACE Orange(20) OCCUPATION wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 3:20 P.M. on the date above stated.(23) (Signature) J. Ballaban

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife James R.F.D.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is checked "none")

(27) Filed 11/10/34

(28)

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.