

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

or Greenville

(City of

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

CERTIFICATE OF BIRTH

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

File No.—for State Register Only

17744

Registration District No. 22ARegistered No. 887

(For use of Local Registrar)

(No. 233 Mulberry St.)St. 1st Ward(2) Full Name of Child Ralph B. Balamon

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26 1923</u>
				(8) (Month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME <u>Martin B. Moss</u>	(14) NAME BEFORE MARRIAGE <u>Jennie Hicks</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(11) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>
(13) BIRTHPLACE <u>North Carolina</u>		(18) BIRTHPLACE <u>N.C.</u>	
(19) OCCUPATION <u>Flagman S. R. R.</u>		(20) OCCUPATION <u>House wife</u>	
(21) Number of children born to mother, including present birth <u>1 Person</u>		(22) Number of children of this mother now living, including present birth <u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) P. M. Bailey M.D. (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 28 1923 (28) C. E. Smith 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.

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