

Fill in the following information for each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc. In question 4

(1) PLACE OF BIRTH

County of Lanier
Township of Lanier
or
Inc. Town of
or
City of

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

Registration District No. 7904

No. for State Registrar Only
21670

Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child Nellie May Ladison
(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
or child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>My</u>	(4) Twin or Triplet To be certified only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>July 28 72</u> (Month of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Will Ballinger</u> PRESENT POSTOFFICE OF FATHER <u>Fountain Inn</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Emie Cunningham</u> PRESENT POSTOFFICE OF MOTHER <u>Lanier</u>	
(10) COLOR OR RACE <u>W. C.</u>	(11) AGE AT LAST BIRTHDAY <u>75</u> (Year)	(12) BIRTHPLACE <u>Lanier Co. S. C.</u>	(13) OCCUPATION <u>Tramway</u>	(14) COLOR OR RACE <u>W. C.</u>
(15) OCCUPATION <u>Tramway</u>			(16) BIRTHPLACE <u>Lanier Co.</u>	
(17) OCCUPATION <u>Tramway</u>			(18) BIRTHPLACE <u>Lanier Co.</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male 11 A M.,
on the date above stated. (Describe as stillborn) (Hour A. M. or P. M.)

(22) (Signature) Lance Cunningham
(23) State where Physician or Midwife Lanier Co.
(24) Address of Physician or Midwife Lanier Co.

Given name added from a supplemental report

(25) Witness Willie F. White
(Signature of Witness necessary only when question 21 is signed "male")

(26) Date July 28 72
(27) State Lanier Co.
(28) Signature of Registrar Lance Cunningham

*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.

*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.