

(1) PLACE OF BIRTH

County of Clarendon
 Township of Consine
 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

839

Registration District No. 1302 Registered No. 6
 (For use of Local Registrar)

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 Matthew Ballard Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 4 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Blair Ballard</u>	(14) NAME BEFORE MARRIAGE <u>Leind Ballard</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Clarendon Co</u>	(18) BIRTHPLACE <u>Clarendon Co</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 11/90 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Esther L. Linn
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

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

(27) Filed Jan 20 1922 (28) Local Registrar H. H. H. H.

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.