

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Balog

or

Inc. Town of

City of

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

(2) Full Name of Child Baptist William Balson(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets.

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 28 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lancy Balson(9) PRESENT POSTOFFICE OF FATHER Trancler Rest S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lora Boswell(15) PRESENT POSTOFFICE OF MOTHER Trancler Rest S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 born alive at 4:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. E. Strong M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Marquette

Given name added from a supplemental report

June 29 1916C. E. Strong Registrar

(26) Witness

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

(27) Filed Feb 1916

(28)

C. E. Strong 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49212

Registration District No. 2201 Registered No. 7

(For use of Local Registrar)

St.; ..... Ward)

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

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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