

(1) PLACE OF BIRTH

County of Greenville
Township of Balog

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48212

Inc. Town of Registration District No. 2201 Registered No. 7
(For use of Local Registrar)

City of (No.) (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 Baptist William Balog If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28 1916
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lancy Patton
(9) PRESENT POSTOFFICE OF FATHER Travellers 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 Travellers 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 at 4:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. E. Stroud, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. D. Marion, S.C.

Given name added from a supplemental report
James G. 1916
C. W. Miller
State Registrar

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

(27) Filed Feb 1916 (28) C. E. C. Stroud 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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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE BLANK WITH THE NUMBER OF THE CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE BLANK WITH THE NUMBER OF THE CHILD.