

WHITE PLAINLY, WITH UNFAVORING EVIDENCE IN A PERMANENT RECORD
 N. N. B.—In case of THOMPSON use a SUPPLEMENTAL IDENTITY FOR EACH CHILD, and mark the
 FIRST-BORN, NOT THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Washburn
Township of Wagon
or
Inc. Town of.....
or
City of A

CERTIFICATE OF BIRTH

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

Registration District No.

File No.—For State Registrar Only
19430

Registered No.....
(For use of Local Registrar)

..... (No. 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

George Paul Balde

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

3) BOY OR GIRL?

(4) **Twin or Triplet?**

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(5) **Are Parents Married?**

17) DATE OF

BIRTH Aug 18, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME

100

9) PRESENT
POSTOFFICE
OF FATHER

—

10) COLOR
OR
PAGE

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(11) AGE AT LAST BIRTHDAY..... (Year)

12 BIRTHPLACE

Therapsid *reuteri*

13) OCCUPATION

1922

23) Number of children born to mother, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was James Earl Ray at 4:45 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed July 10, 1927 (28) 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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