

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville S.C.

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

(2) Full Name of Child

Charles James Ball

File No.—For State Registrar Only

18716

Registration District No. 213 A Registered No. 273

(For use of Local Registrar)

(No. 918 Haus St. Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twin or Triplet

JUN 6 1922

(Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

C. J. Ball

(14) NAME BEFORE MARRIAGE

Edith S. Ellis

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

60

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Franklin

(18) BIRTHPLACE

Pickens Co.

(13) OCCUPATION

Employer

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

Five

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was at 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 supplemental report

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

(27) Filed June 15 22 (28) C. J. Smith 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 sixth month of pregnancy.