

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28732

Registration District No. 300 Registered No. 143
(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 Jas. Avery Ballahan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Pickens J. Ballahan(9) PRESENT POSTOFFICE OF FATHER Belton S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Maybelle Kelly(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION house wife(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 alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. B. E. Harris (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Date Sept 6, 1922 (28) Local Registrar W. B. E. Harris

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.