

## (1) PLACE OF BIRTH

County of Newshaw  
 Township of DeKalb  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

69030

Registration District No. 2761Registered No. 147  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward) .....

(2) Full Name of Child Elisba Ballard

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1916  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wack Ballard(9) PRESENT POSTOFFICE OF FATHER Bayton SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY — Years(12) BIRTHPLACE Newshaw SC(13) OCCUPATION Tailor(26) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucenia Stanty(15) PRESENT POSTOFFICE OF MOTHER Bayton SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY — Years(18) BIRTHPLACE Newshaw SC(19) OCCUPATION Tailor(27) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at Bayton on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Wack Ballard (30) Address of Physician or Midwife Bayton

Given name added from a supplemental report

(31) Witness W. H. Nelson

(Signature of Witness necessary only when question 28 is signed by mother)

(32) Filed June 27, 1916 (33) W. H. Nelson 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.