

FORM NO. 1 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia.

(1) PLACE OF BIRTH

County of Union

Township of Boysville

Inc. or Town of Buffalo

City of Buffalo

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87692

Registration District No. 42B

Registered No. 87

(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 Ruby Baling

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? None

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 18, 1916

FATHER.

(8) FULL NAME Wade Baling

(9) PRESENT POSTOFFICE OF FATHER Boysville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Haywood Co. N.C.

(13) OCCUPATION mill work

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Inman

(15) PRESENT POSTOFFICE OF MOTHER Boysville, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Haywood Co. N.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. P. Jolley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

(27) Filed Nov 30 1916 (28) John R. Woodward 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.

Birth month of pregnancy.