2/12/24

Form No. 8

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only: 41304

(1) PLACE OF BIRTH

County of Laurens

Township of Dials

or

Inc. Town of

or

City of

Registration District No. 294 Registered No. 123
(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

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Feb 8 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: J. C. Ball

(9) PRESENT POSTOFFICE OF FATHER: Gray court SC

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Lucile Skinner

(15) PRESENT POSTOFFICE OF MOTHER: Gray court SC

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. (Stated alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. J. Pace

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Gray court SC

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed Jan 8 1924 W. C. Mahon
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.

IF 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.