

(1) PLACE OF BIRTH

County of ShelbyTownship of 11or 11Inc. Town of 11or 11City of 11

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

(2) Full Name of Child Lama Janette Ball (If child is not yet named, make supplemental report as directed)

(3) SEX OF GIRL girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eunark McKinley Ball(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Marshall N.C.(13) OCCUPATION Instructor(20) Number of children born to mother, including present birth 3rd

MOTHER.

(14) NAME BEFORE MARRIAGE Docia Janette Ball(15) PRESENT POSTOFFICE OF MOTHER Florence SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Big Pine N.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John O. Brown(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report.

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

(27) When 11-1-22 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BUNDLING.

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

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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34331

Registration District No. 2-1-A Registered No. 318
(For use of Local Registrar)(No. St. Ward)