

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 8.

(1) PLACE OF BIRTH

County of Richland  
Township of Blythewood  
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  
66049

Registration District No. 3800

Registered No. 56  
(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 Charles Henry Ballentine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1 1916  
(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Alex. Chas. Ballentine

(9) PRESENT POSTOFFICE OF FATHER Blythewood SC

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE SC.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Addie May Hood

(15) PRESENT POSTOFFICE OF MOTHER Blythewood SC

(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE SC.

(19) OCCUPATION Domestic

(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 born alive at 5:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. J. Hamilton M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockton SC

Given name added from a supplemental report

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

(27) Filled by W. M. McLean 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.

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