

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *P. Kelly*
 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
12132

Registration District No. *4008* Registered No. *40*
 (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 <i>girl</i>	4. Twin or Triplet? To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Are Parents Married <i>yes</i>	7. DATE OF BIRTH <i>April 29 1923</i> (Name of Month) (Day) (Year)
FATHER <i>Bernard Ballenger</i>			MOTHER <i>Chloe Mitchell</i>	
8. FULL NAME	(14) NAME BEFORE MARRIAGE			
9. PRESENT POSTOFFICE OF FATHER <i>Fair Forest</i>	(15) PRESENT POSTOFFICE OF MOTHER			
10. COLOR OR RACE <i>colored</i>	(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(16) COLOR OR RACE <i>C</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)	
12. BIRTHPLACE <i>Wicks southern</i>	(18) BIRTHPLACE			
13. OCCUPATION	(19) OCCUPATION <i>housewife</i>			
20. Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 P. M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife
midwife

(25) Address of Physician or Midwife
Beth Mitchell

When same added from a supplemental report

(26) Witness

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

(27) Filed *Apr 14 1923*

(28) *Wm. C. F. Parker*
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child be alive even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.