

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

or City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10-50

Registration District No. 22 A Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child Frank Gilbert Ballenger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 21 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Russell S. Ballenger (14) NAME BEFORE MARRIAGE Miss Gallett

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Franklin Pa. (18) BIRTHPLACE Franklin Pa.

(13) OCCUPATION Coal Dealer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth one (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 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Chas. Bales (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

June 29 1916
Greenville
Sup. Chas. Bales Registrar

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

(27) Filed Mar 4 1916 (28) C. E. Smith 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.

MAKING UNNECESSARY THE BENDING OF THIS FORM. 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.