

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 5.

(1) PLACE OF BIRTH

County of York  
Township of Rock Hill  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 4405

File No.—For State Registrar Only

6135

Registered No. 12  
(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 Infant M. Ballum

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

(3) BOY OR GIRL Girl (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 18 1922  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Fred M. Ballum

(9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
(Year)

(12) BIRTHPLACE Iowa

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 8

MOTHER  
(14) NAME BEFORE MARRIAGE Lala Fields

(15) PRESENT POSTOFFICE OF MOTHER "

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37  
(Year)

(18) BIRTHPLACE W. C.

(19) OCCUPATION Dom.

(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6.9 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) L. L. Hay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill S. C.

Given name added from a supplemental report

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

(27) Filed 3/4/22 (28) L. L. Hay 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 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.