

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5487

Registration District No. 4407Registered No. 6  
(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 Elsie A. Ramsey

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

(3) SEX OF CHILD Female (4) Type of Birth Single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edw Ramsey  
 (9) PRESENT POSTOFFICE OF FATHER York S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (Year) (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Mill Land

## MOTHER.

(14) NAME BEFORE MARRIAGE Missie Pruitt  
 (15) PRESENT POSTOFFICE OF MOTHER York S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
 (Year) (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION Mill Land

20 Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Oration

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

Yannis Tarey  
May 14 1923  
 Registrar

(26) Witness

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

(27) Filed Feb 12 1923

(28)

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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