

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Charleston
 Township of Marion
 Inc. Town of Summerville
 City of Summerville

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

No. 3377

Registration District No. 1106 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Samuel Ramsey

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type or Triplet <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Age at birth <u>21</u>	(7) DATE OF BIRTH <u>Jan 21, 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. Wade Ramsey</u>			(9) NAME BEFORE MARRIAGE <u>James Cohen</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Summerville S. C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Summerville S. C.</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>38</u>	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>34</u>	(16) BIRTHPLACE <u>N. C.</u>
(17) OCCUPATION <u>Mill Girl</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>9</u>			(20) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn 2 M., on the date above stated.

(22) (Signature) M. G. Ramsey
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Summerville S. C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")

(26) Filed 3-5 1923 (27) 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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