

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
 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 York
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (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

Registration District No. 4404 Registered No. 19
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Term of Pregnancy To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>April 10 1922</u>
FATHER			MOTHER	
(8) FULL NAME <u>M. V. Ramsay</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Mc Gee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rose Hill, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rose Hill, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>nc.</u>			(18) BIRTHPLACE <u>nc.</u>	
(13) OCCUPATION <u> cotton mill operator</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1. This</u>			(21) Number of children of this mother now living, including present birth <u>1. This</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 4 P. M.,
 on the date above stated _____ (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Ramsay
 (24) State whether _____ (Physician or Midwife)
 (25) Address of Physician or Midwife
Rose Hill, S.C.

Given name added from a supplemental report _____

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Local Registrar
J. H. Smith

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it should be reported as such. No report is desired of stillbirths.
 Report the fifth month of pregnancy.