

FORM NO. 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Manchester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

44761

or
Inc. Town of Registration District No. 4-1-1 Registered No. 17
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 11 5</u>
To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.			MOTHER.		
(8) FULL NAME <u>Charlie Rank</u>	(14) NAME BEFORE MARRIAGE <u>Ida Ramsey</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Pinewood</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pinewood</u>				
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE <u>Sumter County</u>		(18) BIRTHPLACE <u>Sumter County</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Twelve</u>		(21) Number of children of this mother now living, including present birth <u>nine</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lucy Ramsey

Given name added from a supplemental report

(26) Witness E. R. Williams

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

(27) Filed 191 (28) G. T. Laddings
Registrar 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.

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.
 McCaw, of Columbia