

PLACE OF BIRTH

County of Mecklenburg

Township of Franklin

City of Charlotte

State of South Carolina

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

File No. — For State Registrar Only

37150

Registration District No. 3-05 Registered No. 112
(For use of Local Registrar)

(No. 112 M.; 112 Ward)
(If child is not yet named, make supplemental report as directed)

Full Name of Child

(1) Sex Male (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Apr 23 1922
(Name of Month) (Day) (Year)

FATHER

(14) NAME BEFORE MARRIAGE Will Ramage

(15) PRESENT POSTOFFICE OF FATHER Farmville La

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. T. Hallaway (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Farmville La

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

(27) Filed May 1922 (28) J. T. Hallaway Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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