

## 1) PLACE OF BIRTH

County of Calhoun  
 Township of Cawcaw  
 of  
 Town of .....  
 or  
 City of .....

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

No. for State Registrar Only  
**9496**

Registration District No. 801 Registered No. 28  
 (For use of Local Registrar)

(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

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

Sex of Child Girl (1) Twin or Triplet  
 To be answered only in event of Twin or Triplet

(2) Age at Birth yr (3) Date of Birth Jan 8 23  
 BIRTH (Month of Month) (Day) (Year)

FATHER  
 FULL NAME Wm. Ransom

MOTHER  
 (14) NAME BEFORE MARRIAGE Ada Smith

PRESENT POSTOFFICE OF FATHER St. Andrews

(15) PRESENT POSTOFFICE OF MOTHER St. Andrews

COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
 (Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29  
 (Year)

BIRTHPLACE LC

(18) BIRTHPLACE LC

OCCUPATION Farmer hand

(19) OCCUPATION Farmer hand

Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 9 M.  
 on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(22) (Signature) Agnes Wright  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Even name added from a supplemental report

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

(27) Filed May 7 1923 (28) J. H. M. York  
 Registrar Local Registrar

If 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.