

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

41113

County of Franklin
Township of Butaw
or
Inc. Town of
or
City of

Registration District No. 708 Registered No. 718
(For use of Local Registrar)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH: *Dec 10, 77*
(Name of Month) (Day) - (Year)

FATHER.

MOTHER.

(8) FULL NAME Eric Ramsey

(14) NAME BEFORE MARRIAGE *Mary Ramser*

PRESENT POSTOFFICE OF FATHER Eadytown SC

(15) PRESENT POSTOFFICE OF MOTHER *Eadytown, SC*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *23* (VINT)

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *21* (Year)

(12) BIRTHPLACE Berkley Co.

(18) BIRTHPLACE Beckley Co.

(13) OCCUPATION
farming

(19) OCCUPATION
Housewife

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

(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9.0 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Collins
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness Richard D. [illegible]
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Dec 20 1927 (28) DW Cross
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.