

Form No. 1.

(1) PLACE OF BIRTH
County of Florence
Township of 7

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
45163

Inc. Town or City of Florence Registration District No. 20-A Registered No. 70
(For use of Local Registrar)
City of Florence No. 311 Shannon St. 3 Ward
(If birth occurs in a hospital or other institution, give name of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 30 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ramsey
(9) PRESENT POSTOFFICE OF FATHER Shrew
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Florence S.C.
(13) OCCUPATION Fireman
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lott
(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Florence S.C.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Cannon P.M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Florence S.C.

Given name added from a supplemental report
..... 181

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

(27) Filed Feb. 4 1916 (28) 66 Craft M.D. 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.

MARGIN RESERVED FOR BINDING.
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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.