

PLATE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
62947

County of Anderson
Township of 11
or
Inc. Town of 11
or
City of 11
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health
Registration District No. 317

Registered No. 212
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Ronnie Ramsey

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

(3) BOY OR GIRL? 11 (4) Twin or Triplet? 11 (5) Number in order of birth 11 (6) Are Parents Married? 11 (7) DATE OF BIRTH June 30 1916
(Line of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Anderson Ramsey
(9) PRESENT POSTOFFICE OF FATHER R. S. Mill - Anderson SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 63 (Years)
(12) BIRTHPLACE Habersham Co Ga
(13) OCCUPATION Farmer - Cat mill oper
(20) Number of children born to mother, including present birth 9

(14) NAME BEFORE MARRIAGE Mary Jane Bertain
(15) PRESENT POSTOFFICE OF MOTHER (9)
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 44 (Years)
(18) BIRTHPLACE Habersham Co Ga
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report
191...
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191... (28) W. B. Prout 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.

Registrar W. B. Prout Local Registrar W. B. Prout
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MAKING RECORD OF BIRTHS IN THIS IS A PERMANENT RECORD.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK No. 2, etc., in question 5.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
McGaw, of Columbia

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