

(1) PLACE OF BIRTH

County of Cherokee
 Township of Lenoir
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6336

Registration District No. 109 Registered No. 54
 (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 Herbert Roy Ramsey If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Bo (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 25 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Virgil J. Keith Ramsey
 (9) PRESENT POSTOFFICE OF FATHER Gaffney
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Cherokee Co
 (13) OCCUPATION Mill Operator
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Anna Rogers
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Mallison Co NC
 (19) OCCUPATION House work
 (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 Alive at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Sherrard
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney

(Given name added from a supplemental report)

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

(27) Filed 4/10 1923 (28) W. F. Smith 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.

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