

(1) PLACE OF BIRTH

County of Bamberg

Township of Buford Bridge

or
Inc. Town of Groves

City of Groves

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6518

Registration District No. 4.1.1

Registered No. 4.1
(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 Fannie Lee Ransom (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 1 (6) Are Parents Married? no (7) DATE OF BIRTH Mar. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 18
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Ransom

(15) PRESENT POSTOFFICE OF MOTHER Groves

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE Groves

(19) OCCUPATION farmer laborer

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 1.15 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(22) (Signature) Manda Odum (23) Address of Physician or Midwife Groves

(24) State whether Physician or Midwife midwife

Give name added from a supplemental report

(25) Witness J. E. Bennett
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 4/8 19 22 (27) J. E. Bennett
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.