

Form No 1.

(1) PLACE OF BIRTH

County of York
 Township of Broad River
 or
 Inc. Town of
 or
 City of (No. St.; Ward;)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

45032

Registration District No. 4107 Registered No. 81
 (For use of Local Registrar)

(2) Full Name of Child 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. 3 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Alexander Ramsey

(9) PRESENT POSTOFFICE OF FATHER Hickory Grove S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE York County

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Brakefield

(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE York County

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. A. Howard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove, S.C.

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 Dec 8 1915 (28) 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.

MAKING 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.