

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.

MOBAY OF CALUMBIA, CALUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bamberg
Township of Bamberg
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

88371

Registration District No. 400 Registered No. 184
(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 John Ramsey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (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 Dec 4, 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Ramsey

(9) PRESENT POSTOFFICE OF FATHER Bamberg

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Lucy Jennings

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Shelby Govan

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12/9/16 (28) John Coover 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.