

## (1) PLACE OF BIRTH

County of UpstateTownship of ChickadeeCity of Chickadee

(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

43550

Registration District No. 2204Registered No. 9

(For use of Local Registrar)

## (2) Full Name of Child

John William RansomSt. 9 Ward 9

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 26

(Name of Month) (Day) (Year)

(8) FULL NAME

John William Ransom

FATHER.

(9) PRESENT POSTOFFICE OF FATHER Greer St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Chickadee(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Mattie Turner

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER Greer St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE Chickadee(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John William Ransom on the date above stated.(Born alive or stillborn) at (Hour A. M. or P. M.) 9 A. M.(23) (Signature) Dr. Ransom(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greer St.

Given name added from a supplemental report

(26) Witness Greer St.

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

(27) Filed 3-7 1916(28) F. G. Ransom

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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FORM NO. 1  
 WHITE 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.