

MARGIN RESERVED FOR BINDING.  
WHITE PLAIN, 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.

MCRAW OF COLUMBIA, COLUMBIA, E. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sunder Sh.</u>		STATE OF SOUTH CAROLINA		20289	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>41A</u>		Registered No. <u>100</u>	
or				(For use of Local Registrar)	
City of <u>Durham</u>		(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 <u>Macie Ramsey</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 27, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Carol Ramsey</u>			(14) NAME BEFORE MARRIAGE <u>Bertie Arnold</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sunder Sh.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sunder Sh.</u>		
(10) COLOR OR RACE <u>Color</u>		(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>Sunder</u>		(17) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Sunder</u>		(18) BIRTHPLACE <u>house work</u>			
(13) OCCUPATION <u>Plasterer</u>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... at <u>7:30 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chloe</u>		(24) State whether Physician or Midwife			
		(25) Address of Physician or Midwife <u>Blorry Macklin</u>			
Given name added from a supplemental report		(26) Witness <u>3</u>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
<u>2</u> 19 .....		(27) Filed <u>July 10, 1922</u>			
Registrar		(28) <u>N. P. Downing</u> 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.