

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of _____

or

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 38a

22 049489

FILE No.—For State Registrar Only

02308

Registered No. _____

(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Katherine Elizabeth Ramsey

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

3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married <u>YES</u>	8. Date of birth <u>December 30, 1922</u> (Month, day, year)
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9. Full name FATHER
William Fletcher Ramsey

18. Name before marriage MOTHER
Lila Mae Leslie

10. Residence (mailing address)
(If non-resident, give place and State) Columbia, S. C.

19. Residence (mailing address)
(If non-resident, give place and State) Columbia, S. C.

11. Color or race White 12. Age at child's birth 19 (years)

20. Color or race White 21. Age at child's birth 17 (years)

13. Birthplace (city or place)
(State or country) Chester County
South Carolina

22. Birthplace (city or place)
(State or country) Greenville County
South Carolina

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Textile

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc. _____

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

16. Date (month and year last)
engaged in this work _____

17. Total time (years)
spent in this work _____

25. Date (month and year last)
engaged in this work _____

26. Total time (years)
spent in this work _____

27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____
period of gestation _____ Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at _____ m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

(Signed) Mrs. Lila Mae Ramsey Parent

or _____ Guardian

Given name added from
a supplementary report _____
(Date of) _____

Address 230 White St.

Filed 9-24- 1924 M. B. Woodward, M.D.

Registrar.

Registrar.