

9/28/41
In person

22 049489

Standard Certificate of Birth

FILE No.—For State Registrar Only
02308

1. PLACE OF BIRTH
 County of Richland
 Township of _____
 or
 Inc. Town of _____
 or
 City of Columbia (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 38a Registered No. _____
 (For use of Local Registrar)

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>Y.E.S.</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) Columbia, S. C.
(If non-resident, give place and State)

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

11. Color or race White 20. 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) Chester County
(State or country) South Carolina

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

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc.
 16. Date (month and year last) engaged in this work _____ 19____
 17. Total time (years) spent in this work _____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged in this work _____ 19____
 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, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ 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

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

or _____ Guardian
 Address 230 White St.

Filed 9-24- 1941 M. B. Woodward, M.D. Registrar.

Registrar.

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)