

Form No. 1

(1) PLACE OF BIRTH

County of Lapeer

Township of

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

13853

Registration District No. Registered No.
(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 Mary Eliza Ramsey If child is not yet named, make supplemental report as directed3 BOY OR GIRL Girl (1) Twin or Triplet 3 (2) Number in order of birth 1 (3) Are Parents Married Yes (7) DATE OF BIRTH June 29 1923
(Month) (Day) (Year)

FATHER

(8) FULL NAME John Ramsey(9) PRESENT POSTOFFICE OF FATHER Winnsboro R.F.D. 12 E(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Martha Phelps(15) PRESENT POSTOFFICE OF MOTHER Winnsboro S.E. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Fairfield Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (If born alive or stillborn) (If A. M. or P. M.)(22) (Signature) Paul L. Lacy

(23) State whether Physician or Midwife

(24) Signature of Physician or Midwife Paul L. Lacy

Given name added from a supplemental report

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

(26) Filed (27) 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.