

(1) PLACE OF BIRTH

County of *Saluda*Township of *Beale*

or

Inc. Town of

or

City of

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

Registration District No. *2261* Registered No. *3*

(For use of Local Registrar)

(2) Full Name of Child *Murieta Mary Rames* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 23* 191*6*

To be answered only in event of Twins or Triplets

(Month of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *John Rames*(14) NAME BEFORE MARRIAGE *Lula E. Clark*(9) PRESENT POSTOFFICE OF FATHER *Marietta*(15) PRESENT POSTOFFICE OF MOTHER *Marietta*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *N. C.*(18) BIRTHPLACE *N. C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *3*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *6* P. M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) *E. C. Rames*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M. D. Marietta S. C.*

Given name added from a supplemental report

June 15 191*6**C. W. Miller* Registrar

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

(27) Filed *Jan* 191*6* (28) *E. C. Rames* 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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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

McCaw, of Columbia.

LARGE TYPE FOR THE BLIND. THIS PLACE FOR THE NAME OF THE CHILD IS A PRELIMINARY REPORT.