

(1) PLACE OF BIRTH

County of GreenvilleTownship of W. Gantt

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

26277

Registration District No. 2207BRegistered No. 43

(For use of Local Registrar)

2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 29, 1912</u>
To be answered only in case of Twins or Triplets				

FATHER.

(9) FULL NAME Jefferson Augustus Ramey(10) PRESENT POSTOFFICE OF FATHER Piedmont SC(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 36 (Years)(13) BIRTHPLACE SC(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Barrie Medlen(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1045 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Chas. P. Ramey(24) State whether Physician or Midwife (25) Address of Physician or Midwife ms

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 9, 1912 (28) E. B. Hendrix Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.