

# PLACE OF BIRTH

County of Anderson

Township of Lock

In Town of .....

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. 12822

12822

Registration District No. 30.5 .. Registering No. 37 ..

(For use of Local Registrar)

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

### Full Name of Child

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 23 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Rayford M. Ramsey  
(9) PRESENT POSTOFFICE OF FATHER Louville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Ga  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 7

MOTHER.  
(14) NAME BEFORE MARRIAGE Lennie Tharber  
(15) PRESENT POSTOFFICE OF MOTHER Louville  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Ga  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 8

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11:00 A. M.  
on the date above stated.

(22) (Signature) [Signature]

(23) State whether Physician or Midwife (24) [Signature] of Physician or Midwife

Given name added from a supplemental report  
..... 101.....  
.....  
Registrar

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

(27) Filed May 16 1923 (28) [Signature] 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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