

(1) PLACE OF BIRTH

County of BambergTownship of Bambergor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400

File No.—For State Registrar Only

3125Registered No. 79
(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 Ramline Crum

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

1. BOY OR GIRL Girl 2. Twin or Triplet? No 3. Number in order of birth 1
To be answered only in event of Twins or Triplets4. Are Parents Married? Yes5. DATE OF BIRTH Feb. 25, 1922
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Golden Crum7. PRESENT POSTOFFICE OF FATHER Bamberg S.C. R. 410. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 2212. BIRTHPLACE Bamberg County13. OCCUPATION Farm Hand14. Number of children born to mother including this birth one

MOTHER.

14. NAME BEFORE MARRIAGE Mary Nimmone15. PRESENT POSTOFFICE OF MOTHER Bamberg S.C. R. 416. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 2018. BIRTHPLACE Barnwell County19. OCCUPATION Farm Hand21. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at P.M. on the date above stated.(23) (Signature) Jane L. Nimmone
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg S.C. R. 4

Given name added from a supplemental report

(26) Witness J. H. Crum
(Signature of Witness necessary only when question 23 is signed "mark")(27) Filed 2/25 19 22 (28) J. H. Crum Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.