

(1) PLACE OF BIRTH

County of Columbia
 Township of Warren

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15941

Inc. Town of Registration District No. 1410 Registered No. 9
 (For use of Local Registrar)
 City of (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 Edna Ramsey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or triplet? No (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE BIRTH Jan. 25 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H Ramsey
 (9) PRESENT POSTOFFICE OF FATHER Williams S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Williams S C
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Kinard
 (15) PRESENT POSTOFFICE OF MOTHER Williams S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Williams S C
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Warren
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williams S C

Given name added from a supplemental report

9/10 1916
Edna Ramsey
 Registrar

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

(27) Filed Jan 1916 (28) Louis C Taggart
 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.