

(1) PLACE OF BIRTH

County of Perdue's

Township of

or

Inc. Town of

City of Casby S.C.

(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

36043

Registration District No. 37-A Registered No. 158

(For use of Local Registrar)

(2) Full Name of Child

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 1

(6) Are Parents Married? ya

(7) DATE OF BIRTH Oct. 8, 1922

FATHER (8) FULL NAME Will Gordon Ramie

MOTHER (14) NAME BEFORE MARRIAGE Jennie Wright

(9) PRESENT POSTOFFICE OF FATHER Casby S.C.

(15) PRESENT POSTOFFICE OF MOTHER Casby S.C.

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Georgia

(18) BIRTHPLACE Georgia

(13) OCCUPATION mill Hand

(19) OCCUPATION mill Hand

(20) Number of children born to mother, including present birth 3

(21) 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 alive at 9:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Wm. J. Furman M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Casby S.C.

Given name added from a supplemental report

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

(27) Nov. 4, 1922 (28) E. J. Nyatt 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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