

(1) PLACE OF BIRTH

County of Pickens

Township of

or

Inc. Town of

or

City of Casely SC.

(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? yes (7) DATE OF BIRTH Oct. 8, 1922
 (Take answer only in event of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Will Gordon Ramie(9) PRESENT POSTOFFICE OF FATHER Casely SC.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION mill Hand(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Jennie Wright(15) PRESENT POSTOFFICE OF MOTHER Casely SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION mill Hand(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) W. B. Furman M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Casely SC

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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