

(1) PLACE OF BIRTH

County of Cherokee
 Township of Seneca
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

File No.—For State Registrar Only

12257

Registration District No. 3504 Registered 35
 (For use of Local Registrar)

(2) Full Name of Child Thelma Ramsey

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

(3) SEX OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH 3/18/19
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME R. Ramsey
 (9) PRESENT POSTOFFICE OF FATHER Newry SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Ga

(13) OCCUPATION mill Oper

(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Ingram
 (15) PRESENT POSTOFFICE OF MOTHER Newry SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Newry SC
 (19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at at 8.0 A.M. on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Maresch
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newry SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "marry")
 (27) Filed 4/10/19 (28) J. H. H. H. 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.

Registrar _____ Local Registrar _____
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