

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of CharlestonRegistration District No. 9

Registered No. ....

(For use of Local)

(No. 119 Union St.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet R. Ransom

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

(3) SEX OF CHILD Boy (4) Type or Type 7 (5) Number in order of birth 7 (6) Age 1 yr (7) DATE OF BIRTH Nov 17 1923  
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Harriet Ransom(14) NAME BEFORE MARRIAGE Maggie Haring(9) PRESENT RESIDENCE OF FATHER 119 Union St(15) PRESENT RESIDENCE OF MOTHER 119 Union St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 73 (Year)(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Summerville, S.C.(18) BIRTHPLACE Summerville, S.C.(13) OCCUPATION Porter(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 7(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 White at 7:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marian Eva Ransom(24) State whether Physician or Midwife (25) Address of Physician or Midwife 11112 88 to 11112

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed 11/22 1923 (28) J. M. Ransom

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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