

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

No. for State Registrar

30127

Registration District No.

40:6

Registered No. 147  
(For use of Local Registrar)

## (2) Full Name of Child

Sutba M. Ransom

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet  
To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Age Parents Married

yes

7) DATE OF BIRTH

Sept 17, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

J. R. Rivan

9) PRESENT POSTOFFICE OF FATHER

Inman

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

35  
(Year)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE

Nannie Raines

15) PRESENT POSTOFFICE OF MOTHER

Inman

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

17  
(Year)

18) BIRTHPLACE

N.C.

19) OCCUPATION

Housewife

20) Number of children of this mother now living, including present birth

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Inman

Given name added from a supplemental report

Nannie Rains  
Dec. 22, 1923

(26) Witness

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

(27) Filed

Oct 1, 1923  
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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