

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Campobese
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16676

Registration District No. 40-2 Registered No. 80
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number)

(2) Full Name of Child Ezer Cleveland *If child is not yet named, make supplemental report as directed*

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Ezer Cleveland Ramsey

(9) PRESENT POSTOFFICE OF FATHER Inman

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Housewife

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

(14) NAME BEFORE MARRIAGE Maria P. Hampton

(15) PRESENT POSTOFFICE OF MOTHER Inman

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Chapman

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Inman

Given name added from a supplemental report

M. B. W. M. D.

6/13/43 19

Registrar

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

(27) Filed May 7, 1922 (28) W. J. Chapman 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.

M-9-