CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 2656

(1) PLACE OF BIRTH

County of Aiken

Township of .....

or Inc. Town of North Augusta Registration District No. ..... Registered No. 5
(For use of Local Registrar)

or City of ..... (No. 356 Georgia 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 [illegible] Ramsey If child has not been named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	2/26		1922

FATHER.	MOTHER.
(8) FULL NAME J. T. Ramsey	(14) NAME BEFORE MARRIAGE Carrie Lee Hennig
(9) PRESENT POSTOFFICE OF FATHER North Augusta	(15) PRESENT POSTOFFICE OF MOTHER North Augusta
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE S C.	(18) BIRTHPLACE S C.
(13) OCCUPATION Bakery Mgr.	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... (Born alive or stillborn) at ... 5 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: N. A. S. C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Mar 29 1922 (28) E. L. Medlock
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.

*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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.