

(1) PLACE OF BIRTH

County of YorkTownship of Shoal River

Inc. town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4402

File No. — For State Registrar Only

19526

Registered No. 35
(For use of Local Registrar)

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

(2) Full Name of Child William Ramsey If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Type or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 2 28
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Louis Ramsey</u>	(14) NAME BEFORE MARRIAGE <u>Mary Lenoir</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bayama SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bayama SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(12) BIRTHPLACE <u>York Co</u>	(18) BIRTHPLACE <u>York Co</u>	(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour 10 P. M. of P. M.)(23) (Signature) B. B. Miller (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Shoal River

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) June 20 1923 (28) C. H. Fisher Local Registrar

*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.

WHEN PLACED IN THE ENVELOPE HERE-TO-FURNISHED BY THE BUREAU OF VITAL STATISTICS, AND MARKED "N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc. In question 8."

Form of Columbia, Columbia, S. C.