

Form No. 1

## (1) PLACE OF BIRTH

County of **Sumter**  
 Township of **Privateer**  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1933

Registration District No. **4104**

Registered No. **14**  
 (For use of Local Registrar)

(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 **James Leo Ramsey**

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

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? **yes** (7) DATE OF BIRTH **6-13-23**  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Adam Ramsey**

(9) PRESENT POSTOFFICE OF FATHER **Sumter, S.C. No. 2.**

(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **41**  
 (Years)

(12) BIRTHPLACE

**Sumter Co. S.C.**

(13) OCCUPATION

**Farming**

(14) Number of children born to mother, including present birth **Ten**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Hattie Wilder**

(15) PRESENT POSTOFFICE OF MOTHER **Sumter, S.C. #2**

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

(18) BIRTHPLACE

**Sumter Co. S.C.**

(19) OCCUPATION

**House and Field Work.**

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) **Fanny Bracy**

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

**Midwife Sumter, S.C. #2**

Given name added from a supplemental report

(25) Witness **Adam Ramsey**  
 (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed **6-19-1923** (27) 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