

## (1) PLACE OF BIRTH

County of PickensTownship of Central

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

4943

Registration District No. 3701 Registered No. 30  
(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 Calvin Ramsey If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Type or Triple ☒ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 24 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. D. Ramsey</u>	(14) NAME BEFORE MARRIAGE <u>Russie Hurd</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Liberty, S.C. R. 2</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Liberty, S.C. R. 2</u>
(12) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>2</u> (Year)	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(15) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(15) BIRTHPLACE <u>S.C.</u>	(15) OCCUPATION <u>—</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:2 M., on the date above stated. (Hour M. or P. M.)(23) (Signature) J. L. Webb  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Catawba, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 4 1923 (28) J. D. Bearden 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.

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.