

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

Registration District No.

File No.—For State Registrar Only

37800

Registered No. 11.11
(For use of Local Registrar)

(No. of Birth) (If birth occurs in a hospital, other institution, give name and number instead of street and number.)

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

1 SEX OR GEAR <i>Boy</i>	4 Twin or Triplet <i>No</i>	5 Number in order of birth <i>1</i>	6 Age at Birth <i>7/20</i>	7 DATE OF BIRTH <i>Nov 27 23</i>
8 FULL NAME OF FATHER <i>Albert Ramsey</i>			9 NAME BEFORE MARRIAGE OF MOTHER <i>Lina Campbell</i>	
10 PRESENT POSTOFFICE OF FATHER <i>Sumter, S.C.</i>			11 PRESENT POSTOFFICE OF MOTHER <i>Sumter, S.C.</i>	
12 COLOR OR RACE <i>W</i>	13 AGE AT LAST BIRTHDAY <i>38</i>	14 COLOR OR RACE <i>W</i>		
15 BIRTHPLACE <i>Sumter Co. S.C.</i>		16 BIRTHPLACE <i>Sumter Co. S.C.</i>		
17 OCCUPATION <i>Farmer</i>		18 OCCUPATION <i>Housewife</i>		
19 Number of children born to mother, including present birth <i>Seven</i>		20 Number of children of this mother now living, including present birth <i>Six</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was *born* on the date above stated. (22) (Signature) *L. H. Ramsey* (23) State of *South Carolina* (24) Title *Physician or Midwife*

When name added from a supplemental report

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

(26) Filed *11/10/23* (27) Local Registrar *L. H. Ramsey*

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 be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.