

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of.....
 or
 City of Brandon Mill

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

File No.—For State Registrar Only
26410

Registration District No. 2209BRegistered No. 261
(For use of Local Registrar)

(No. 35 James St.; Brandon Mill
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

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

2 BOY OR GIRL Boy 4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-2-19-2
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME James Melby Ramey(8) PRESENT POSTOFFICE OF FATHER 35 Jones St. Brandon Mill(9) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE America(13) OCCUPATION Extn.(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Tison(15) PRESENT POSTOFFICE OF MOTHER 35 Jones St. Brandon Mill(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE America

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 1 1922 (28) Thos. McQueen 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.

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