

16 092971

Standard Certificate of Birth

FILE No.—For State Registrar Only

00239

1. PLACE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Township of

or

Inc. Town of Williamston

or

City of

Registration District No. 3-CRegistered No.
(For use of Local Registrar)

Ward)

(No. St.; of street and number)

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

2. FULL NAME OF CHILD

Gray Porter Ransom, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>May 30</u> , 19 <u>16</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name <u>Gray Porter Ransom, Jr.</u>	18. Name before marriage <u>Leonora L. Mallard</u>
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10. Residence (mailing address) (If non-resident, give place and State).....	19. Residence (mailing address) (If non-resident, give place and State).....
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11. Color or race <u>White</u>	12. Age at child's birth <u>24</u> (years)	20. Color or race <u>White</u>	21. Age at child's birth <u>34</u> (years)
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13. Birthplace (city or place) (State or country) <u>Williamston, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Atlanta, Ga.</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pharmacist</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year last) engaged in this work, 19.....		25. Date (month and year) last engaged in this work, 19.....

27. Number of children of this mother (At time of birth and including this child)	(a) Born alive and now living <u>1</u>	(b) Born alive but now dead.....	(c) Stillborn.....
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28. If stillborn, period of gestation.....	months weeks	29. Cause of stillbirth.....	Before labor..... During labor.....
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9:15 m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Leonora L. M. Ransom, Parent
or....., Guardian

Given name added from a supplementary report..... (Date of)

Address.....
Filed Dec. 11, 1940 M. B. Woodward, M.D.
Registrar.

Registrar.

ED INK—IN SEPARATE RETURN, in order of birth, stated.

WRITE PLATE INK—IN SEPARATE RETURN, in order of birth, stated.

N. B.—In case of more than one child, make a separate return for each, and the number of children born to each mother.

(See instructions on Back of Certificate.)