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FILE No.—For State Registrar Only

00239

1. PLACE OF BIRTH
County of Anderson

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthTownship of
or
Inc. Town of WilliamstonRegistration District No. 3-CRegistered No.
(For use of Local Registrar)City of (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 Gray Portis Ransom, Jr. { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births 4. Twins, triplets or other 5. Number, in order of birth 6. Premature Full term 7. Are Parents Married? Yes 8. Date of birth May 30, 1916 (Month, day, year)9. Full name Gray Portis Ransom, Jr. FATHER 18. Name before marriage Leonora L. Mallard MOTHER

10. Residence (mailing address) (If non-resident, give place and State) 19. Residence (mailing address) (If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 24 (years) 20. Color or race White 21. Age at child's birth 24 (years)13. Birthplace (city or place) Williamston, S.C. (State or country) 22. Birthplace (city or place) Atlanta, Ga. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

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 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

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, 1916 M. B. Woodward, M.D.
Registrar.

Registrar.

ED
WRITE PLAIN INK—IN SEPARATE RETURN, IN ORDER OF BIRTH, STATED.
N. B.—In case of more than one child, a separate return should be made for each, and the number of children should be stated.

(See instructions on Back of Certificate.)