

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4990

Registration District No. 384Registered No. 153

(For use of Local Registrar)

(No. Baptist Hospital)St. 2 Ward

## (2) Full Name of Child

Rames

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

(1) SEX OR GIFT <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Fresh Marriages <u>no</u>	(5) DATE OF BIRTH <u>Feb 26</u> , 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

(6) FULL NAME Robert B. Rames(7) PRESENT POSTOFFICE OF FATHER Houllet, N. C.(8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 31 (Year)(10) BIRTHPLACE N. C.(11) OCCUPATION Railroad Employee(12) Number of children born to mother, including present birth 1

## MOTHER.

(13) NAME BEFORE MARRIAGE Clara Schumacher(14) PRESENT POSTOFFICE OF MOTHER Columbia, S. C.(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 39 (Year)(17) BIRTHPLACE Aerie Pa.(18) OCCUPATION Housekeeper(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was alive at 10:09 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(21) (Signature) Ly Lu Rice m.d.(22) Since whether Physician or Midwife m.d.(23) Address of Physician or Midwife 1317 R. H. St.

Given name added from a supplemental report

(24) Witness

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

(25) 27 (26) 5 Registrar.

\*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the sixth month of pregnancy.