

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4

(1) PLACE OF BIRTH

County of Shadock's  
 Township of 11  
 or  
 Inc. Town of 11  
 or  
 City of 11

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only  
**26160**

Registration District No. 40 Registered No. 335  
 (For use of Local Registrar)

(No. 131 St. 1 Ward 1)

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

(2) Full Name of Child James D. Ramsey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH July 7, 1943  
 To be answered only in case of Twin or Triplet (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER.  
 (8) FULL NAME Frank Ramsey  
 (9) PRESENT POSTOFFICE OF FATHER Shadock's, S.C.  
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 36  
 (12) BIRTHPLACE 2. S. C.  
 (13) OCCUPATION Mill op.  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sola Ramsey  
 (15) PRESENT POSTOFFICE OF MOTHER Shadock's, S.C.  
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 33  
 (18) BIRTHPLACE 2. S. C.  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 5-11 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.)

(23) (Signature) J. C. Pomeroy, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shadock's, S.C.

Given name of child from a supplemental report L. A. Pomeroy, M.D.  
8/19/43 19 1943 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jas. Caples  
 (27) Filed 9-1-43 Local 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 must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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