

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of York

City of .....

## CERTIFICATE OF BIRTH

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

No. 5488

Registration District No. 48 Registered No. 7

(For use of Local Registrar)

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

(2) Full Name of Child No name

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Louis J. Ramsey(9) PRESENT POSTOFFICE OF FATHER York S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE York Co.(13) OCCUPATION Mill Land(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Hargett(15) PRESENT POSTOFFICE OF MOTHER York S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE York Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 12 M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) R. B. Patton

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife York S. C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb. 19, 1923 (27) Bevin Barron 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.