

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

File No.—for State Registrar Only

43475

Registered No. 93
(For use of Local Registrar)

(2) Full Name of Child

Odessa Ramey

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

June 24, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Archie

(9) PRESENT POSTOFFICE OF FATHER

Luthersville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Louise Ramey

(16) PRESENT POSTOFFICE OF MOTHER

M. Cornelloville SC

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

about 17

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House & field work

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive

at 10 A. M.

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Ann Ramey

(24) State whether Christian or Midwife

(25) Address of Physician or Midwife

Friedingsville, N.C., M. Cornelloville

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

June 24, 1923

(28)

Local Registrar

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.