

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH
County of York
Township of B. R.
or
Inc. Town of.....
or
City of.....

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

FIG. NO. 1-11-1911
32733

Registration District No. 4607 Registered No. 923
(For use of Local Registrar)

(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 James Ade Ramsey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 1st 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm J Ramsey
(9) PRESENT POSTOFFICE OF FATHER Sharon S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 6

MOTHER.
(14) NAME BEFORE MARRIAGE Josephine Shellington
(15) PRESENT POSTOFFICE OF MOTHER Sharon S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE York Co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. J. S. M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 1 1922 (28) C. H. Ramsey 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.