

(1) PLACE OF BIRTH  
County of Anderson

Township of .....  
or  
Inc. Town of Piedmont  
or  
City of .....

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

File No. — For State Registrar Only  
**40774**

Registration District No. 383 Registered No. 88  
(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 Joseph H. Ramsey (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? Boy 4. Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Sam Ramsey  
(9) PRESENT POSTOFFICE OF FATHER Piedmont  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)  
(12) BIRTHPLACE SC.  
(13) OCCUPATION rice work

MOTHER.  
(14) NAME BEFORE MARRIAGE Merion Major  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Years)  
(18) BIRTHPLACE SC.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 4:25 PM.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joe Russell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician, Piedmont, S. C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 1, 1922 (28) H. S. Fleming  
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.

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