

(1) PLACE OF BIRTH

County of Waycross
 Township of A. Lawrenceville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31277

Registration District No. 3300Registered No. 45-
(For use of Local Registrar)

(2) Full Name of Child James Haines Ransom (No. St.; Ward)
 If 1 rth occurs in a hospital or other institution, give name of same instead of street and number.)

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH 9/27/27
 To be answered only in event of Twins or Triplets (Name of M.) (Day) (Year)

FATHER.

8) FULL NAME Ed Ransom
 9) PRESENT POSTOFFICE OF FATHER Waycross
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30
 12) BIRTHPLACE SC (Years)

13. OCCUPATION

Farmer20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Rosa Campbell
 15) PRESENT POSTOFFICE OF MOTHER Waycross SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27
 18) BIRTHPLACE GA (Years)

19) OCCUPATION

Domestic21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James H. Ransom(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Waycross GA

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/10/27

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(28) G. L. Newton

Local Registrar.

Registrar

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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