

(1) PLACE OF BIRTH

County of Newberry.....

Township of

or

Loc. Town of..... Peak

or

City of

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

(2) Full Name of Child John William Rampey

File No.—For State Registrar Only

31466

Registration District No. 34.11. Registered No. 17
(For use of Local Registrar)

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

Sept. 13, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John William Rampey

(9) PRESENT POSTOFFICE OF FATHER

Peak

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Railway track foreman

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

Four

(14) NAME BEFORE MARRIAGE

MOTHER. Julia Cowlen

(15) PRESENT POSTOFFICE OF MOTHER

Peak

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

at home

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

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Registrar

(27) Filed Sept. 21, 1922. (28) 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.