

THE UNIVERSITY OF CHICAGO

(1) PLACE OF BIRTH

County of Y. Lawrence
Township of Chilmark
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 21102 Registered No. 6
(For use of Local Registrar)

File No. — For State Registrar Only

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Registered No. 6
(For use of Local Registrar)

Inc. Town of.....
or
City of (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 Nathan Luperia Ramirez If child is not yet named, make supplemental report as directed.

1. BOY OR GIRL <i>Girl</i>	4. Twin or Triplet? <i>No</i>	5. Number in order of birth <i>1</i>	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>4-16-85</i> (Name of Month) (Day) (Year)
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FATHER: Willie Rainey

MOTHER: Willie Rainey

(14) NAME BEFORE MARRIAGE: Willie Rainey

7) PRESENT POSTOFFICE OF FATHER Winmoreville NC (15) PRESENT POSTOFFICE OF MOTHER Winmoreville NC

(1) COLOR OR RACE 76670 (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 27 (Years)

12 BIRTHPLACE NC 13 BIRTHDATE 4/11

12. OCCUPATION *Farmer*

23. Number of children born to _____ 2

24. 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.....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician Midwife (25) Address of Physician or Midwife [Address]

Class name added from a supplementary
roll report.

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

2/12/22 (29) H. H. Peterson Local Registrar.

19 1911 (27) Filed 1911 Local Registrar

1. If there was no attending physician or midwife, then the father, householder, etc., should make this return.
2. 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.