

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register only

24363

38

Registration District No. 2005

Registered No. 2005

(For use of Local Registrar)

(No. Outside

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

Margaret Frances

Leone Ingram

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Are Parents Married

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

4/2/23

## FATHER

(8) FULL NAME

Lost Courtney

(9) PRESENT POSTOFFICE OF FATHER

Fen

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Cheslerford Co

(13) OCCUPATION

Living Contractor

## MOTHER

(14) NAME BEFORE MARRIAGE

Leone Ingram

(15) PRESENT POSTOFFICE OF MOTHER

Fen

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Sumter

(19) OCCUPATION

Dom

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

1

(21) 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 born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

D.H. Smith

(25) Address of Physician or Midwife

Phy

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

\$ 5.00

1523

(28)

P.H. Prusham

19 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.