

30433

County of San Diego

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Windsor

Registration District No. 4201

Registered No. 7. (.....
(For use of Local Registrar)

Inc. Town of.....

City of (No. St.; Ward)
 (Institution, give name of same instead of street and number.)

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

(2) Full Name of Child Donald Lee Ingram W. H. Ingram W. H. Ingram

2) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? <i>No</i>	6) Number in order of birth <i>1</i>	8) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Sept 15 19</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

(6) FULL NAME L. F. Picoletti (14) NAME BEFORE MARRIAGE Della Hewitt

9) PRESENT POSTOFFICE *Honolulu* (18) PRESENT POSTOFFICE OF MOTHER *Honolulu*

(10) COLOR OR BRN (11) AGE AT LAST BIRTHDAY 27 (12) COLOR OR BRN (13) AGE AT LAST BIRTHDAY 25

12) BIRTHPLACE 18

[illegible]

(12) OCCUPATION	Student	(13) OCCUPATION	Student
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Tanner

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the burial of this child, was _____ (Name of child) _____ (Date of burial) _____
on the date above stated.

(28) (Signature) _____
(24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

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(Given name added from a supplementary report)

(28) Witness (Signature of Witness necessary only)

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(ST) Filed Sept 21 1943. (28) 10 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should certify. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths occurring after the 6th month of pregnancy.

Before the fifth month of pregnancy,

If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed until before the fifth month of pregnancy.

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