

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Chesler Field

Township of

or
Inc. Town of Cherawor
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. Claton Zippin Ingram

File No. —For State Registrar Only

76309

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 12A Registered No. 79

(For use of Local Registrar)

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Sept. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Euseley Zippin Ingram(9) PRESENT
POSTOFFICE
OF FATHER Cheraw(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 36
(Years)(12) BIRTHPLACE Chesler Field Co S.C.(13) OCCUPATION Wkr Sacs - Stable(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Marion Thomas(15) PRESENT
POSTOFFICE
OF MOTHER Cheraw(16) COLOR
OR
RACE Wh (17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Sanford N.C.(19) OCCUPATION Housewife(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 alive, at 10 A M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. H. Morris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician CherawGiven name added from a supplement
report

....., 191.....

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Registrar(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 11 1916 (28) T. E. W.
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.