

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54125

Registration District No. 44 B Registered No. 62

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Edward Thelie Ingram If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B.

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Coulter Ingram

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(10) COLOR OR RACE

N.

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill worker

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

LeRoy Ethel Montgomery

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill

(16) COLOR OR RACE

N.

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Dom.

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) LeRoy Ethel Montgomery

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

Rock HillRock Hill

Given name added from a supplemental report

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

(27) Filed 4/8/16 (28) LeRoy Ethel Montgomery 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.

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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

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