

(1) PLACE OF BIRTH

County of OrangeburgTownship of Windsoror
Inc. Town ofor
City of

(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

3881

Registration District No. 1370 Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Ida Grace Ingraham If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 13, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ida Ingraham

(9) PRESENT POSTOFFICE OF FATHER

Ida, Hill S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Ida, Hill S.C.

(13) OCCUPATION

Ida

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Edwards

(15) PRESENT POSTOFFICE OF MOTHER

Ida, Hill S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Ida, Hill S.C.

(19) OCCUPATION

Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Ida, Hill S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Edwards(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Ida, Hill S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 10 22

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(28)

W. L. Edwards
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.