

BOCAW OF COLUMBIA. COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Bureau .....

Township of Deq. T. N. S. .....

or

Inc. Town of .....

or

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**

Maui's Island Hotel

File No.—For State Registrar Only

30740

Registration District No. 150 Registered No. 16  
(For use of Local Registrar)

(3) BOY OR GIRL?

(4) **Twin or Triplet?**

(5) Number in order of file



(b) Are Parents 2

7

DATE OF ~~XXXX~~

19

100

**FATHER.**

(2) FULL NAME William Henry Ingham

(9) PRESENT POSTOFFICE OF FATHER. *Indonville, S.C.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33

(12) BIRTHPLACE Harrisburg, Pa.

(13) OCCUPATION 1. Army

Finner

20) Number of children born to mother, including present birth { 2 }

# MOTHER

(14) NAME BEFORE MARRIAGE *Stella Blum*

(15) PRESENT-  
POSTOFFICE  
OF MOTHER *Amelia M. Lee*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23*

(18) BIRTHPLACE 11 10

(19) OCCUPATION Fireman

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(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:45 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

**(26) Witness**

.....  
(Signature of Witness necessary only)

(27) Filed

(28)

.....

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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