

[illegible]

(1) PLACE OF BIRTH:

County of Su. m. b. e.
Township of Corn eor d.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. 53887 For State Registrar Only

Inc. Town of Registration District No. 4-100 Registered No. 21
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. . . George Amos Ingram 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 Mar 7 (Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet:

FATHER.

(5) FULL NAME Samuel Jackson

(9) PRESENT POSTOFFICE OF FATHER *Biscaya*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE 6 0 0

(13) OCCUPATION

(20) Number of children born to mother, including present birth (3)

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucas Potts*

(15) PRESENT POSTOFFICE OF MOTHER Brooklyn

(16) COLOR OR RACE Neuro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) **BIRTHPLACE**

(19) OCCUPATION /

(2x) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(33) (Signature) Mary Thomas

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

Given name added from a supplemental report

(38) Witness
(Signature of Witness necessary only
when question 28 is signed for mark)

(27) Filed Mar 30 1964 (28) Don 7 1964 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.