

(1) PLACE OF BIRTH

County of AlbemarleTownship of Greenville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Use

37888

Registration District No. 4204Registered No. 5:5:5
(For use of Local Registrar)

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

(2) Full Name of Child Robert James Ingram If child is not yet named, make preliminary report as directed

(3) SEX OF CHILD <u>Male</u>	(4) TIME OF BIRTH <u>11:18</u>	(5) DATE OF BIRTH <u>Nov 18 23</u>
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(6) NAME OF FATHER <u>Robert B. Ingram</u>		(7) NAME OF MOTHER <u>Mary Addie</u>	
(8) PRESENT ADDRESS OF FATHER <u>14. Co.</u>		(9) PRESENT ADDRESS OF MOTHER <u>14. Co.</u>	
(10) COLOR OF FATHER <u>W</u>		(11) COLOR OF MOTHER <u>W</u>	
(12) AGE AT LAST BIRTHDAY <u>35</u>		(13) AGE AT LAST BIRTHDAY <u>26</u>	
(14) OCCUPATION <u>Private</u>		(15) OCCUPATION <u>P</u>	
(16) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH <u>4</u>		(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was on the date above stated.

(29) (Signature) <u>[Signature]</u>	(30) Address of Physician or Midwife <u>14. Co.</u>
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(31) State whether Physician or Midwife

Given name added from a supplementary report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Signed 19

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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