

RECORDS MAINTAINED FOR BRIDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. E.—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.

(1) PLACE OF BIRTH
County of Jasper
Township of Coosawhatchie
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.)

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

File No.—For State Registrar Only
86141

Registration District No. 2600 Registered No. 49
(For use of Local Registrar)
St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Henry Edward Ingram

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.				
(8) FULL NAME <u>Fredrick Henry Ingram</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgeland, S.C.</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>			
(12) BIRTHPLACE <u>Alabama</u>				
(13) OCCUPATION <u>P.R. Station Agent</u>				
(20) Number of children born to mother, including present birth { <u>1</u> }				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Rosa Lee Shiver</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeland, S.C.</u>				
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>			
(18) BIRTHPLACE <u>Florida</u>				
(19) OCCUPATION <u>Housewife</u>				
(21) Number of children of this mother now living, including present birth { <u>1</u> }				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) F. H. Ingram
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
10/13/16
(27) Filed 10/13/16 (28) Louis McCaw
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.