

FORM NO. 1. MARGIN RESERVED FOR BINDING.

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

N.B.—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 Sumter
Township of Privater

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
83656

Inc. Town of or
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 James Thorion Ingram If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lucius Pullin Ingram
(9) PRESENT POSTOFFICE OF FATHER Yindal S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Sumter Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bell
(15) PRESENT POSTOFFICE OF MOTHER Yindal S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Charleston Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Ingram
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Sumter S.C. R.F. 2

Given name added from a supplemental report

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

(27) File No. 83656 (28) W. H. Ingram 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.