

(1) PLACE OF BIRTH

County of ChestnutfieldTownship of Shenandoah

Inc. Town of

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 HealthFile No. — For State Registrar Only
23996Registration District No. 12A.7 Registered No. 228
(For use of Local Registrar)(2) Full Name of Child James Odie 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) Age at birth 10 (7) DATE OF BIRTH Aug 11 1929
(Name of birth) (Day) (Year)

FATHER.

(8) FULL NAME Lennie Edwards(9) PRESENT POSTOFFICE OF FATHER Be city Hill S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY - (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza E. Ingram(15) PRESENT POSTOFFICE OF MOTHER Sat. creek SC R1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. Kelly

(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 when question 23 is signed by mark)

(27) Filed Aug 22 1929 (28) D. H. Brum 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.